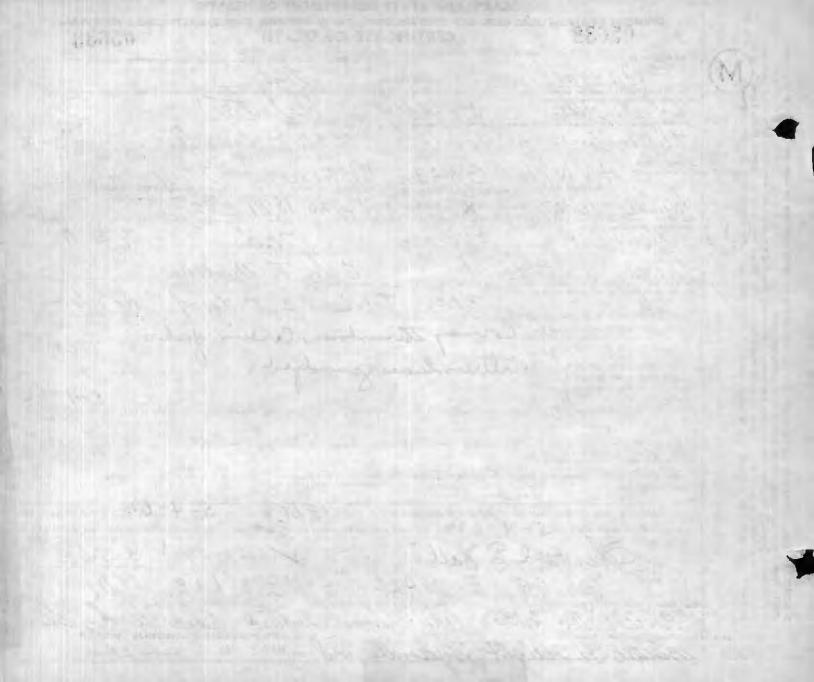
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USURL RESIDENCE (Where deceased lived, if Institution, Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If Jutside corporate limits, write RURAL and give necrest town) WRAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. 15 RESIDENCE ON A FARM? YES -NO I completely NAME OF Middle Dey Month DECEASED OF (Type or print) DEATH and con 9. AGE (In year IF UNDER I YEAR last birthday) Months | Deve IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Deys WIDOWED W DIVORCED Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | II BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during prost of working life, even if retired) 13. FATHER'S NAME MOTHER'S, MAIDEN NAME please WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN <u>ۇ</u> ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY 8 0 PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, [Enter neture of injury in Pert I or Pert II of item 18.] OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. el work et work 19..... that (I) (we) last 19......, and that death occured at Coath, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, | 23b. OR CREMATORY 23d. LOCATION (City, fown or equnty) 23c. NAME OF [Slete 24 FUNERAL DIRECTOR'S SIGNATUR 264. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) ISM 7/61 DATE MAY Critims S. Firmer



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Carroll Alleganv MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) filled in by Pages 1 and write RURAL and give nearest town)
Sykesville 21 yrs.5mos.13days Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Springfield State Hospital 18t N. Lee St. YES NO TE 3. NAME OF Middle 4. DATE Dev Month DECEASED OF Theodore (Type or print) Clarence Bolvard DEATH 1962 Mav IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED IN NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months Days Male August 12, 1904 WIDOWED [DIVORCED T 10s. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Fireman West Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending Millard Bolvard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) No Springfield Hospital Records 18. CAUSE OF DEATH | Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of lung, terminal phase Months IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise lo immediale cause DUE TO (e), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Schizophrenic reaction, catatonic type. NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) tectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from December 9, 1940, to May 22, 1962, that (I) (we) last May 22, 19 62, and that death occurred al 2: 10. Mom the causes and on the date stated above. - Som SIGNED ATTENDING DIRECTOR 5/22/62 PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Adnan Sonmez. M.D. Springfield Hospital, Sykesville, Md. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) 0 I.O.O.F. Cemetery Elk Garden, W. Va. Buria 258. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61

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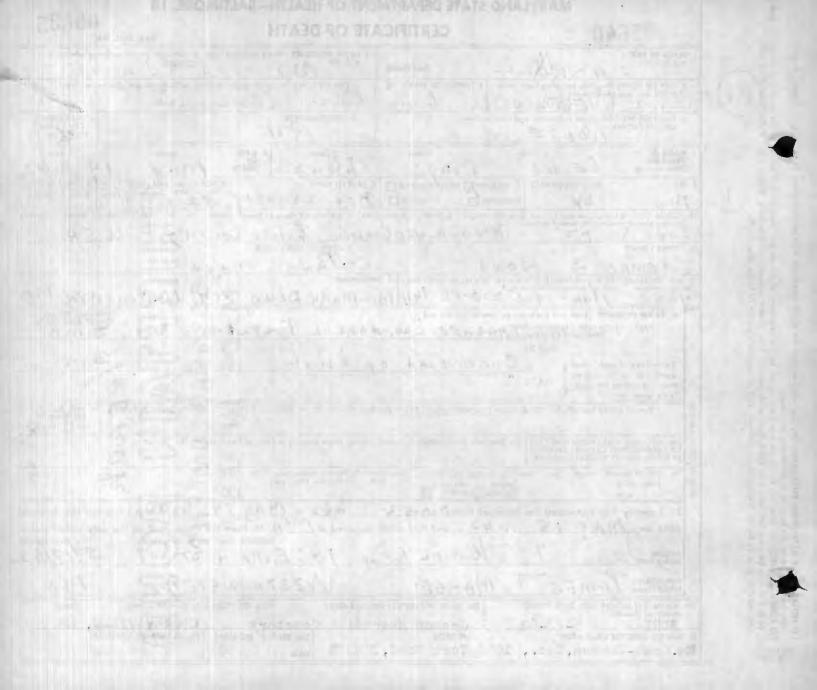
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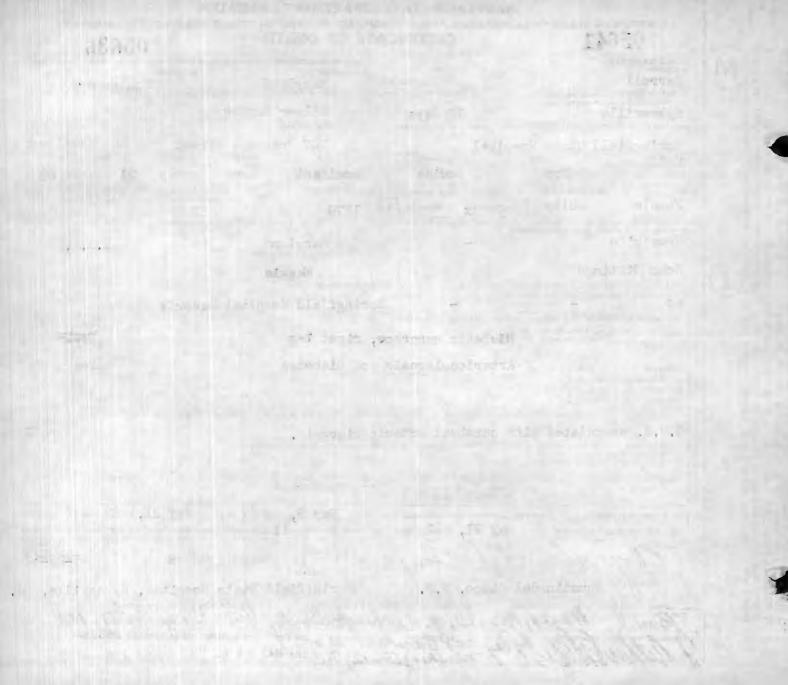
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05641 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) a. COUNTY b. COUNTY by the and 2 death Carroll MARYLAND Maryland Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate fimits, e. LENGTH OF STAY IN 16 write RURAL and give nearest town) Silver Spring Sykesville 18 days Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 707 Rossmere Street YES NO X Springfield State Hospital NAME OF 4. DATE Month Middle DECEASED Eva Louise Bonifant. (Type or print) DEATH 21 Mav 19 62 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER I YEAR | IF UNDER 24 HRS. last birthday) | Months | Deys Hours Female White WIDOWED 3 DIVORCED 1879 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Housewife Marvland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 John Gittings Maggie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, po, or unkown) (If yes give wer or deles of service) Springfield Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, Diabetic gangrene, right leg Weeks IMMEDIATE CAUSE (a) DUE TO Arteriosclerosis and Diabetes Years Conditions, if eny, which geve rise to immediate cause DUE TO (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? C.B.S. associated with cerebral arteriosclerosis. NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Part II of item 18.) 20a, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, (Stete) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc. While Not While Hour e.m. at work at work saw the deceased alive on. May 21.19.62, and that death occured all 1.p.M, from the causes and on the date stated above. SIGNED ATTENDING DIRECTOR PHYS. -22-62 22d. ADDRESS 22c. PHYSICIAN'S Agustin del Campo. M.D. Springfield State Hospital, Sykesville, Md. 23d LOCATION (City, town or equnty) 23m. BURIAL, CREMATION, I OFB M. 250. WED BY REGISTRAR 256 DEGISTRAR'S STANATURE arthur S. Thank

MARYLAND STATE DEPARTMENT OF HEALTH



	05642	STATISTICAL RES		OF DEATH	I STREET, BALTIM	0563	7	
1	PLACE OF DEATH	4 4		a, STATE	CE (Where deceased lived, b. CO	UNTY		
/ -	b. CITY OR TOWN (if o	nro di utside corporata fimits.	c. LENGTH OF STAY IN 16		<u>YI and</u> If outsida corporata limifs, w	rita RURAL and giva	The state of the s	
	Rural Wo		life	X Rural	Woodbine			
	d. NAME OF HOSPITAL	OR INSTITUTION (if not it	hospital, giva streat addrass)	d. STREET ADDRESS			o. IS RESIDENCE	
		Near Winfi			-Near Winf:		YES NO	
3	NAME OF DECEASED	First	Middle	Last	OF	onth Day		
-	(Type or print)	ROBERT		BOWER	DEATH N	IAY 24	19 62	
1	5. SEX		NEVER MARKED	. DATE OF BIRTH	y. AGt (In yas	Months Days	Hours Min.	
_	Male Occupation	MILLE	DIVORCED DIVORCED DIVORCED DIVORCED	June 18, 1	912 49 Yrs		OF WHAT COUNTR	
	dona during most of working	ng lila, evan if retired)		III, BIKITIPLACE (COUR	my & Stele, of folding in Count			
-	Harmer 3. FATHER'S NAME	1	Farming	Marylar	Id.	U. S	. A.	
1	_	M D		170	~			
4	Thomas 5. WAS DECEASED EVER	M. BOWET	16. SOCIAL SECURITY NO. 17.	EVA INFORMANT	Conaway	ress		
- (Yas, no, or unkown) (Ifya	s giva war or datas of servica)		Marks.	. 70		// 0	
-2	IB. CAUSE OF DE	ATH [Enter only one causa	per lina for (a), (b), and (c).	rs. Tresa C	Bower,		YERVAL BETWEEN	
П		WAS CAUSED BY:	on a brown soul	Par accide	nt	0	> 4 hou	
	342X Conditions, if any,	DUE TO	Brain abse			1	unknown	
	gave rise to immediate (a), stating the und cause last.	Cause Dur To	Meningite				4 weeks	
CATION	PART II. OTHER S		CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPS	
CEBTIE	20a. ACCIDENT WAS OR CONTRIBUTING (I (IF EITHER, NOTIFY M	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED), (Enter natura of injury in	Part I or Part II of itam 18.)			
to Civian	20c. TIME OF INJURY Hour a.m.	1		ACE OF INJURY (Home, fari fory, street, office bldg., etc		(County)	(Slata)	
	21. I certify that saw the deceased	t (I) (this hospital) a d alive on 5/2	Itended the deceased from.	5722 62, death occured at 5	19 to 5/2. M. from the cause	es and on the c	late stated above	
	228, SIGNATURE	line C	hopko "	I.D. PHYS.	MED. STAFF PHYS.		5/25 SIGN	
	NAME (Type)	ulius Chepl		- Indiana de management	een St., Wast	minster	MI.	
-	38. BURIAL, CREMATION	N. 235. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City,		(Stata)	
2	REMOVAL (Specify)							
	REMOVAL (Specify) Burial	5-26-1962	Lakeview Me	em. Gardens	Carroll	Co., Mar	yland	
	REMOVAL (Specify) Burial 24 FUNERAL DIRECTOR'S	SIGNATURE	Lakeview Me ADDRESSSykesville,	25a, RE	CO BY REGISTRAR 25b.	Co., Mar REGISTRAR'S SIGNA Carthy 9	TURE	

MARYLAND STATE DEPARTMENT OF HEALTH

,, Se VSTUA CONTRACTOR OF THE distributed to alter all all the alternative manager at a The 10st 10st 91 at 10st and the second second Accompanies that the second of Hall Terking to March . Wille Belle Transferred to the Arm of the present the Park and following the property of

	05643 CERTIFICATE OF DEATH	05639
M	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if c. COUNTY 6. STATE 6. COU	
	Carroll Manyland Maryland	Garroll
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	e RURAL and give nearest lown)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS d. STREET ADDRESS	a, 15 RESID
		YES NO
	Springfield State Rospital 70 Madison St. 3. NAME OF Rospital Middle Last 14. DATE Month	
	DECEASED	
	TANTE TSO 'O' DUMM	
	7. MARKIED NEVER MARKIED	Months Deys Hours
	female white widowed Sented 1 - 15 - 86 76 yrs.	
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country)	12. CITIZEN OF WHAT COU
	Housewife Own home Maryland	U.S.A.
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
-	Howard Spalding Hattie Nichols	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	1
	[Tes, no, or unknwn] [Hyssgivewerordatesofservice]	
	None Springfield State Hosp. Reco	ords - Sykesvill
	PART I. DEATH WAS CAUSED BY	ONSET AND DEA
	MMEDIATE CAUSE (a) Mycardial infarction due to	
	U, II DUE TO	
	Conditions, if any, which to Coronary occlusion.	hours
	(e), steting the underlying DUETO	
	couse lest.) (c) Arteriosclerotic heart disease	years
1	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AJT PERFORM
Server.	Psychoneurotic Disorder, Depressive reaction. E 200. ACCIDENT WAS UNDERLYING 3 200. DESCRIBE HOW MURY OCCURED. (Enter neture of injury in Part Lor Pert Lor From 18.)	YES NO
	Psychoneurotic Disorder, Depressive reaction. 20e, ACC DENT WAS UNDERLYING _ 20b. DESCRIBE HOW NURY OCCURED. (Enter neture of injury in Pert Lor Pert II. of from 18.) OR CONTRIBUTING _ CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Hour e.m. While Not While fectory, street, office bldg., etc.)	(County) (Ste
	Hour e.m. While Nor While fectory, street, office bldg., etc.]	
	21. I certify that (I) (this hospital) attended the deceased from 11-18-60	(2) 10 (4) (1) (
	C 0/ /0	
	saw the deceased alive on	and on the date stated a
	Goustin del Campo M.D. ATTENDING MED. STAFF PHYS.	5/26/62
	22c. PHYSICIAN S 22d. ADDRESS	5/20/02
1	NAME (Type) Agustin del Campo, V.D. Sykesville, Maryland	
1		
A CONTRACTOR OF THE PROPERTY O	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, to REMOVAL (Specify)	wn or county) (State)
7	Burial 5/29/62 Rose Hill Cemetery Hagerstown	Md.
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REC'D BY REGISTRAR 256. REC'D BY REGISTRAR 260. REC'D BY	
	Rest Haven General Chapel Hagerstown, Md. DATE MAY 31 62	Wilhur & Thous



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TICAL RESEARCH A W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY by the MARYLAND b. CITY OR TOWN (if outs de corporate fimits, C. LENGTH OF STAY IN 16 Y OR TOWN (If outside corporate limits, write RURAL and give neerest town write RURAL and give nearest lown? filled in Pages 1 d. NAME OF HOSPITAL OR INSTITUTION III not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO V papers. 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH DUNGLIE and cor withi 5. SEX 6. COLOR OR RACE 7. MARRIED WEVER MARRIED BATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS ast birthday) Months DIVORCED WIDOWED 10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. PATHER'S NAME Pennsylvania 14. MOTHER'S MAIDEN NAME ᇻ 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17 INFORMANT (Yas, no, or unkown) (Ifyasgivawarordatasofservice 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO gava rise to immediate cause DUE TO (a), sleting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT terebrol choselerosis 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW NUNRY OCCURED, (Enter nature of in ury in Part in or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yaer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (State) factory, straet, offica bldg., etc.) While _Not While Hour a.m. et work at work 0.0 21. I certify that (I) (this haspital) attended the deceased from...... 19.6.2 that (I) (we) last 29 to 19.62, and that death occurred at 7.1 M, from the causes and on the date stated above. saw the deceased alive on VLO 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Cov. town of county) (Stete) の音器 Hill Cemetery Grove Pennsylvania Oil 25a. REC' 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1256 REGISTRAR'S SIGNATURE VR A15 (4) Onther & House 15M 7 61 Pumphrey, Bethesda, Maryland DATE

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흫(N	Λ	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution, Residence before admiss 6. COUNTY 5. STATE 6. COUNTY 7. J.
7 F.	ン	CARROLL MARYLAND MD. FREDERICK
dea		b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) 4 ye. 1140, 1447
E /:		TACALLA IN THE TACALL
ξ.		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS e. IS RESIDEN ON A FAR
2	1	Springfield State Hospital 116 East 3" ST. YES NO 1. Name of First Middle Last 4. DATE Month Day Year
4		DECERSED 40 1011
		1150 Marie 1101 1101 1101 1101 1101 1101 1101 11
		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H
		FEMALE WHOWED DIVORCED 4-2-83 79 yrs.
		10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
		Housewife Frederick, MD U.S.A.
-	_	13. FATHER'S NAME
I		Rutus A. RAGGER SusAN BOYER
7	ノ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, of unknown) (lives give wer or detectors of service) NONE. Speine field Hospital Records Sytes.
<u> </u>		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
5 3		PART I. DEATH WAS CAUSED BY CARDIAC FRICURE NFECTED LARGE ONSET AND DEATH DAYS.
5		1/5 X DUE TO BED SORE.
0		Conditions, if any, which (b)
		geve rise to immediate cause (e), stating the underlying DUE TO
	\wedge	cause lest, (c)
	C	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 01 19. WAS AUTOF
	į	SPSYCHOTIC REACTION,
		20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of 'njury in Pert II of item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Sele) Hour e.m. While Not While factory, street, office bldg., etc.)
		Hour e.m. While Not While scrory, street, office bldg., etc.)
		21. I certify that (I) (this hospital) attended the deceased from JUNE 26, 196! to MAY 12, 1962 that (I) (we)
		saw the deceased alive on MAY 12 1962, and that death occured a 5.6.M, from the causes and on the date stated abo
		22b. DA
		MAD. A Drumber M.D. ATTENDING MED. STAFF PHYS. MAY 12, 1986
		22c. PHYSICIAN'S NAME STYPE AND STYPE AND STATE OF THE PHOSPITA,
	'	MACI N. BUYUKUNFAI SYKESVIILE, Md.
		236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
		REMOVAL (Specify) Burial 5-15-1962 Mt. Olivet Cemetery Frederick, Maryland
		24 FUNERAL DIRECTOR SIGNATURE 256, REGISTRAR'S SIGNATURE
A. A.	M	TRobert E. Darley and Son Frederick, Maryland DATE MAY 1 7 62 Cultury S. Thank
1	M	



1				PEPARTMENT OF HEALTH	
			DIVISION OF STATISTICAL RESEARCH AND RECORD CERTIFICATION	os, 301 w. preston street, baltimore 1, TE OF DEATH	MARYLAND 05644
rer ter	3.4	\ <u></u>	PLACE OF DEATH		000134
s after funeral should	IVI	J"	n, COUNTY	2. USUAL RESIDENCE (Where deceased Hved, If institution a. STATE b. COUNTY	, Residence before edmission
5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		-	Carroll MARYLAND b. CITY OR TOWN (if outs de corporate limits. c. LENGTH OF STAY IN 16	Maryland	1 _
4 7 E &		l ,,	write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL e	n /
thin 2 filled in Pages 1 urs after	15	A	iralSykesville 4.0y. 114.6d. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address)	Baltimore d STREET ADDRESS	I S RES DENCE
Page Strike	, •	ls	pringfield State Hospital	1940 Lemmon Street	ON A FARM?
letely pers. 72 ho		2	NAME OF First Middle	Lest 4, DATE Month	Dey Your
9 E G C			DECEASED (Type or print) Helen	Eisler DEATH 5	27 19 62
€ 8 8 <u>€</u>		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years If UNDER	
_ <u> </u>			emale white widowed DIVORCED	unknown 81? yrs Months	Deys Hours Min.
certificate I hysician ar remove ca any event,		10s	USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRIES of working life, even if retired)	RY 11. BIRTHPLACE County & State, or loreign country) 12. C	TIZEN OF WHAT COUNTRY
certi physi e rem i any			nousewife	Hungary	Hungary
# # B B B B B B B B B B B B B B B B B B	(F	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
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at the e atten Then loval, a		N.	t. 80. or unknown) i fives any ewer or deter of completel	ingfield Hospital records — Syk	reguille Md
That The it. 'emo			18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	Ingriero nospitar records - Sys	INTERVAL BETWEEN
ires sicial by serm			PART I, DEATH WAS CAUSED BY:		ONSET AND DEATH
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n sing			Conditions, if eny, which (b)		1
end end bee brial			gave rise to immediate cause (a), stating the underlying (b)		
r att has e br			Cause lest. [c]		
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E SE SE			21. I certify that A (this hospital) attended the deceased from		∞ 2., that ₹ 0 (we) las
R AT ay be a RECT hould			saw the deceased alive on	death occured at 12:30 from the causes and on	the date stated above
OFUS			had by 19 of	ATTENDING MED STAFF PHYS. DIRECTOR PHYS.	5/27/62 SALE
The sage	,		ŽZc. PHYSICIAN S	22d. ADDRESS Springfield State H	
HO' aith. FUNE; ector, p	- 1		NAME (Type) Naci N. Buyukunsal, M. D.	Sykesville, Marylan	*
		23	BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY (REMOVAL (Specify)		
है हैं पु है व	(a)	L	Burial May 30/62 Oheb Sholom	Baltimore, Mar	yland
VR A15 (4)	In.		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	254 DEC'N BY DECISION DISTRIBUTED OF	SIGNATURE
15M 7/61	-	S	l Levinson & Bros Inc 6010 Reisterstown	Rd DATE MAY 31 '62 Carthur &	. Thus



INC. BALTIMORE

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VS A15 (4) 15M 9/SB



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fived, If institution, Residence before edmiss on) A. COUNTY **b.** COUNTY Carroll 유무 death. MARYLAND Balto. City Marvland b. CITY OR TOWN (if outs de corporate limits. by # c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end give nearest town) filled in the Pages 1 Sykesville 6mo, 29days Baltimore 6 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS n. IS RESIDENCE ON A FARM? 6602 Fairdel Avenue Springfield State Hospital YES NO X completely 3. NAME OF Middle 4. DATE Month Yeer DECEASED OF (Type or print) Leona Rita DEATH 1962 Fitch May and cor ATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR) IF JNDER 24 HRS. last birthday) Female White WIDOWED X DIVORCED 70. physician e 1 10a, USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreigh Country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housework Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Feliz Gahriel attendir Then ple Susanna Stephens 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) ((Ifyesg vewarordetesofservice) None Springfield Hospital Records 18 CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). INTÉRVAL BETWEEN δχ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Septicopvemia Weeks IMMEDIATE CAUSE (a) DUE TO Gangrenous bedsores Weeks geve rise to immediate cause DUE TO (e), sleting the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILE). 19. WAS AUTOPSY PERFORMED? C.B.S. due to epidemic encephalitis. YES DE NO 20e. ACCIDENT WAS UNDERLY NG [] 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Pert II of rem 18) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or lawn) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 5-3-...., 1962, that (I) (we) last 61 to.... 21. I certify that (I) (this hospital) attended the deceased from. 22e. SIGNATURE **ATTENDING** DIRECTOR PHYS. 22c, PHYSIC AN'S 22d. ADDRESS Agustin del Campo, M/D Springfield State Hospital. Sykesville. Md. 23a. BURIAL, CREMANION, 23b DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 23d. MOCATION (City, town or county) (Stete) 壭 ŏΟ 1256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 JUNERAL DIRECTOR'S SIGNATURE VR A1S (4) 15M 7/61 DATE

ithin 24 hours after

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filled in Pages I urs affer					5 years in hospital, give streat ad		d. STREET ADDRESS		JO "II		ON A FARM?
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bING ed by After t etached of Heal		0	OF INJURY M	onth, Day, Yeer	20d. INJURY OCCURRED While Not While at work at work	20e PLACE (OF INJURY (Home, fa street, office bldg., a	rm, 20f. (City	or town)	(County)	(Stata)
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thin 24 hours after.



CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) RROLL MARYLAND CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town NAME OF HOSPITAL OR INSTITUTION (If not in hospile), give street address) m. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO 3 NAME OF Muddle DATE Month Last DECEASED OF (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS last birthday) Months Hours DIVORCED WIDOWED IV 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME attending f .⊑ IYes, no, or unknown? (If yes give war or detes of service) 18. CAUSE OF DEATH Enter only one cause per line for ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stelling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERT. FICATION PERFORMED? NO [20s. ACCIDENT WAS UNDERLYING 1 2Db. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL ,5lefe) 20e. PLACE OF INJURY (Home, ferm, 2Dt. (City or town) (County) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Year factory, street, office bldg., etc.) While Not While et work at work ... 19.67 that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from May saw the deceased alive on 22e. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. 22d ADDRESS 22c PHYSIC AN' LOCATION (City, fown or county) (Stefe) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 0 5 8 REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE

BYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



15M 9/58



Springfield State Hospital None None None None None Arthur Franklin None No		DIVISION OF STATISTICAL RESEARCH AND RECORD	DEPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIM TE OF DEATH	0565()
Syrkesville d. NAME or POSPITAL OR INSTITUTION (if not in heapples, give street address) Springfield State Hospital i. NAME or DECEASED (Type or 15'nd) Springfield State Hospital i. NAME or DECEASED (Type or 15'nd) May 5 55X 6. COLOR OR RACE (7. MARRIED NEVER MARRIED 8. DATE OF BERTH 9 5 55X 6. COLOR OR RACE (7. MARRIED NEVER MARRIED 8. DATE OF BERTH 100. LSUAL OCCUPATION (o've kind of work dense during most of walking life, even if realized) Parties of the state of work of the state of	1)	o. COUNTY	a STATE b COUN	TY
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Type or print Arthur Franklin Grey DEATH May 15 19 62	3	Springfield State Hospital	Last 4. DATE Month	AE2
Male White wildows Divorced August 10, 1884 77 yr. Months Day Hours Male Windows Hours Male Windows Hours Male Windows Male Male		(Type or print) Arthur Franklin	Gray DEATH Ma	IF UNDER 1 YEAR 1F UNDER 24 5
Farmer 13. FATHER'S NAME Stewart W. Gray 15. WAS DECASED EVER IN U.S. ARMED FORCES? I6 SOCIAL SECURITY NO. 17. INFORMANT 16. WAS DECASED EVER IN U.S. ARMED FORCES? I6 SOCIAL SECURITY NO. 17. INFORMANT NO Springfield Hospital Records. Springfield Hospital Records. Springfield Hospital Records. INTERVAL STIWER ONSET AND DEAT Hours FART I. DEATH WAS CAUSED BY, (a) Acute myocardial infarction Hours Conditions, T any, which gave rise to immediate cause (a), stating the underlying cause less. PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALD SEASE CONDITION GIVEN IN PART 1(a) 19, WAS AJTO PERFORME YES NO PREFORME YES NO ADDITION OF PART II of Tem 18 (c) Country are part II of Tem 18 (c) Tem 18 (c) Tem 19 (c) Time OF INJURY Month, Day, Year 20d. INJURY OCCURED (c) Flace of INJURY (Home, farm, pim. 19 at work at work at work and the decased from April 16, 1902, to May. 15, 1902, to May. 15, 1902, to May. 15, 1902, and that death occured abilipament the causes and on the date stated at 226 SIGNATURE ADDITIONAL TEMPERS NAME 14. MOTHER'S MADDEN NAME Maria — Madress Ma		Male White WIDOWED DIVORCED	August 10, 1884 77 yrs.	Months Deys Hours M.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (78a, no, or unknown) (types give were ordeless starvice) NO Springfield Hospital Records. NO 18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Acute myocardial infarction DUE TO Conditions, T any, which gave rise to immediate cause (e), stating lihe underlying (c) Eq. stating lihe underlying (c) Co.B.S. assoc. with circ. dist., with psychotic reaction. PART II. OTHER SIGNIF CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D SEASE CONDIT ON GIVEN IN PART Ite) 19. WAS AJTO PERFORMENT OR CONTRIBUTING CAUSE OF DEATH ITE ETHER. NOTHER MEDICAL EXAMINER! 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ITE ETHER. NOTHER MEDICAL EXAMINER! 20e. TIME OF INJURY Month, Dev, Year White Not White Not Place of Injury (Indeed, General Conditions) at work at the deceased from April 169. STAFF DIRECTOR PHYS. The part of the		Farmer -		U.S.A.
DUE TO Conditions, Teny, which gover rise to immediate cause (e) thrombosis of the posterior left coronary artery. Hours (a), stating the underlying cause lest. PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D SEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTO C.B.S. assoc. with circ. dist., with psychotic reaction. 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE of DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer White Not White Section, 1902, to May	15 C	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. 17 SOCIAL SECURITY NO. 17. 18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)]	INFORMANT Address Springfield Hospital Record	INTERVAL BETWEE ONSET AND DEAT
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ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS. 3 5/15/		saw the deceased alive on May. 11,19.62., and the	April 16, 1962, to May 15, at death occured ab: 45AMrom the causes	and on the date stated ab
	,	- Shun / torners	M.D. PHYS. DIRECTOR PHYS.	5/15/
238 BURIAL CREMATION 123b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Stetle)		Burial CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETER: Burial May 18,1962 Laytonsvil FORERAL DIRECTOR'S SIGNATURE ADDRESS Laytonsville, Md.	Laytonsvill 25a. REC'D BY REGISTRAR 25b. REC	e, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND 05656 CERTIFICATE OF DEATH I director, filed with after death. Page PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) o. COUNTY **b.** COUNTY Carroll MARYLAND Marvland funeral b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Rural-Sykesville shauld 2v. Lm. 22d. Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION High Street Springfield State Hospital NAME OF Middle Lost 4. DATE Month DECEASED Julia Frances Grav DEATH (Type or print) IF UNDER 1 YEAR IE UNDER 24 HRS 9. AGE (In years S. SEX 6 COLOR OR RACE 7. MARRIED A NEVER MARRIED B DATE OF BIRTH last birthday) Months Days female white WIDOWED [7] DIVORCED | YES 10a, JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Housewife Maryland guq 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Quade Zack Owens 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Springfield Hospital records - Sykesville, Md. unknown no 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: !MMEDIATE CAUSE (a) Coronary occlusion DUE TO Coronary heart disease Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. urial-transit PART IL OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Involutional Psychotic Reaction. 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year factory, street, office bldg., etc. Hour o. m. Not while MED While of work of work p. m. 21 I certify that 💢 (this haspital) attended the deceased from _ reased from 12/23, 1927 to 2/12/..., 1992, that 10 (we) lost and that deoth accurred at 3:50%. From the causes and on the date stated above 1962 saw the deceased olive an 22o. SIGNATURE ATTENDING PHYS MED DIRECTOR 22c PHYSICIAN'S Springfield State Hospital 22d ADDRESS NAME (Type) Konstantin Weber. Sykesville. Maryland 23a BURIAL, CREMATION, 235. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE

TSM 9/59

05651

IS RESIDENCE

ON A FARM?

YES NO IX

Year

Hours

INTERVAL BETWEEN ONSET AND DEATH

hours

vears

(County)

PERFORMED?

YES INO IX

, that **ID** (we) lost

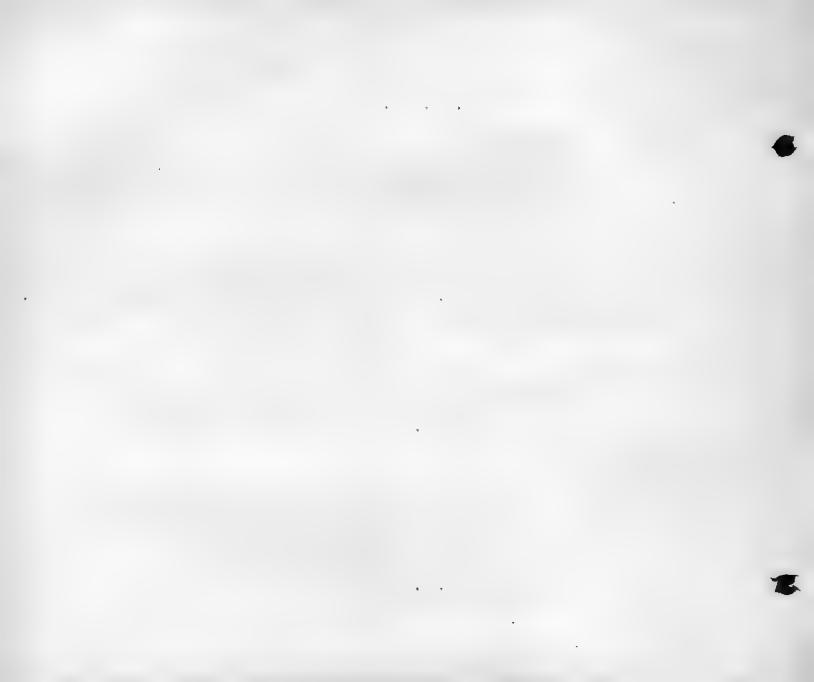
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12 CITIZEN OF WHAT COUNTRY?

USA

19 62



1/3		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
TUM STATE		05657 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05652
EALTH DEPT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, if institution: Residence before edmission) a. COUNTY
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S S E E		b. CIT OK TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown)
E DE SON		1 IV K - 9 774 7 1
TAIS OF SE		Rural - Elderaburg 1 2 yrs. d NAME OF HOSP TAL OR INST TUTION (if not in hosp to., give street eddress) d STREET ADDRESS on A FARM?
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any he fu etai e St des		NAME OF First Middle Last 4. DATE Month Dey Year DECEASED (CF OF DECEASED)
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deal		Last birthday) Months Days Hours Min.
5 ar	10a	Male White WIDOWED DIVORCED March 1, 1902 60 yrs. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY) 11. B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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3. P		etired to the incer Locke Insulating Corp. Maryland U.S.A.
PM PM	C	harles W. Hackley Jesse L. Kraut
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT s, no, or unknown) (If yas give war or datas of sarvice) No. 10 Rolling View Dr.
を	(14	No 216-05-3092 Mrs. Adelaide A. Hackley, R.F.D. Box 313 Sykes
# = 5 € €		INTERPRETATION
cil is alon rans and		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) COTONARY CECLUSEON
d be pen ice ial-t		420, / DUE TO
in gray of		Conditions, if eny, which (b)
ding ding ding ding ding ding ding ding		(e), stating the underlying DUE TO
ifice poncessed in, o	z	PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Exe use use use use use use use use use us	CERTIFICATION	PERFORMED? YES NO
woo Wood J.Cas Juld J Crent	일	20a EXTERNAL CAUSE WAS , 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of invury in Part I or Part I of I tom 18.)
Shoots Shoots	핗	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
ifing hief bief bur	3	20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
wr. wr. Pag	MEDICAL	Hour e.m. While Not While p.m. 19 at work all work
Prio #		21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
A L B C t		death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner .
Vard Vard IRE		CHIEF MEDICAL EXAMINER
at to Te		SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
Signal Page		EXAMINERYS DEPUTY MEDICAL EXAMINER X
DEP 3 Should FUNE its der	220	NAME (Typoly H) ES Addrass (Street, c.ty, town, or county) AURIAL, CLEMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
0 <u>0</u> 4 0 9 ′ ()		RMOVA (Specify) Politimare 27 Maryland
H H RV		Dul 181 0/20/02 Megdowridge Cemetery 24 PECINDER 124 PE
VS. A15ME 5M 7/59	>	8728 Liberty Road Randallstown, Md.
-		A A A A A A A A A A A A A A A A A A A



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05653 05658 **CERTIFICATE OF DEATH** Rea. Dist. No. eral director, be filled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY, MARYLAND TRROLL c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest lown) b. CITY OR TOWN (If autside corparate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest tawn) SEVERAL MONTH 밀 she s d NAME OF HOSPITAL (If not in hospital, give street oddress) B. IS RESIDENCE OR INSTITUTION 20 YES NO [puo .6 NAME OF Middle 4. DATE Lost Month Day Year Filled DEATH (Type or print) 196 9. AGE (In years 5. SEX 6 COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 7 B DATE OF BIRTH completely lost birthdoy) Months Doys DIVORCED [WIDOWED [papers. 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) pun CLERK Pour after 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician CO requires that the deoth certificate ANNA M. WAR ACOB hours remove SAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 256-07 attending 18. CAUSE OF DEATH [Enter only one couse per_line for (a), (b), and c). ᇻ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which permit gned gove rise to immediate DUE TO couse (o), stating the underand lying cause last. -transit been PART II. OTHER SIGNIFICANT CORDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES I NO 20a. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part) or Port II of item 18 OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Hame, form, , 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Nat while at wark at wark p. m. 5. 1952that I last saw the deceased 21. certify that I attended the deceased from and ligt death occurred at 3 M, from the causes and an the date stated above alive of DIRECTOR: ACTUAL SIGNATURE 3 shauld nay be retor PHYSICIAN'S NAME (Type) 22d LOCATION (City lawn, ar county) 220 BURIAL CREMATION. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) page REMOVAL (Specify) ž 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24s, REC'D BY REGISTRAR Chilling S. Kries VS A15 (4) 21 DATE MAY 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



	MARYLAND STATE DI DIVISION OF STATISTICAL RESEARCH AND RECORDS	EPARTMENT OF HEALTH 5, 301 W. PRESTON STREET, BALTIMORI	E 1. MARYLAND
(M)	05660 CERTIFICAT	E OF DEATH	05655
Ter dealm.	PLACE OF DEATH e. COUNTY Carroll b. CITY OR TOWN (if outside corporate himits, c. LENGTH OF STAY IN 1b)	2. USUAL RESIDENCE (Where deceased lived, if Institute a. STATE b. COUNTY	ntgomery
15	write RURAL and give neerest fown) Sykesville d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Silver Spring	3. IS RESIDENCE ON A FARM
	Springfield State Hospital NAME OF First Middle DECEASED Alice -	8500 - 36th Street A DATE Month Kahn Kahn May	10. 19 62
1	Female White WIDOWED DIVORCED D a. JSUAL OCCUPATION [Give kind of work one during most of working life, even if refired) Db. KIND OF BUSINESS OR INDUSTRY	~	Days Hours Min. 2. CITIZEN OF WHAT COUNTR
	Housewife -	14. MOTHER'S MAIDEN NAME	U.S.A
	was deceased ever in u.s. armed forces? 16 social security no.: 17. II es, no, or unknown] (Ifyesgivawerordatesofservice) None Sp	unknown NFORMANT Address ringfield Hospital Records	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Bronchopneumonia		Days
Durial, creman	Conditions, if eny, which geveruse to immediate cause (e), steting the underlying cause lest. (b) Bronchiectasis DUE TO (c)		Years
O STATE OF THE PARTY OF THE PAR	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT C.B.S. associated with cerebral arter 206. ACCIDENT WAS UNDERLYING L OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	Hour e.m. While Not While p.m. 19 at work et work	CE OF INJURY (Home, farm, 20f. (City or town) rry, street, office bldg., etc.)	(County) (State)
Orane Le	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	4-26	on the date stated abov
with the	Caustin del Campo, M.D. Agustin del Campo, M.D.	ATTENDING MED. STAFF PHYS. 22d. ADDRESS Springfield State Hospital	5-11-6
	REMOVAL (Specify) May 13, 19 National Memo	OR CREMATORY 23d, LOCATION (City, town or	county) (State)
7	Wedley Kelley HAR4217_9th_Street	N.W. DATE MAY 1 4 '62 Outh	of 2. House



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESION STREET, BALTIMORE 1, MARYLAND
FOR STATE	05661 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05656
MALIYI DERJ.	1. PLACE OF DEATH [2. USUAL RESIDENCE (Where deceased I ved, If 'nstitution, Residence before admission)
8 8 £	a. COUNTY Carroll MARYLAND S. STATE Maryland b. COUNTY Carroll
るで意識してい	b. C TY OR TOWN If outs de corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (f outside corporate limits, write RURAL and give nearast town)
is nece director. r your f and of f	Carroll Co. Gen. Hospital 8HOURS 2 Westminster
zi-b-rec	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress, a. STREET ADDRESS
Le de de la companya	Carroll Co. General Hospital 56 Charles St.
he fune retained le State death,	J. NAME OF First Middle Last 4. DATE Month Day Year OF
記載を表文】	(Type or print) LOV/E WINDLA KEY DEATH May /0 1962
# # # # # # # # # # # # # # # # # # #	5. SEX 6. COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
may 2 w	Female Colored WIDOWED DIVORCED MAY 23 - 1927 3, yrs. Hours Min.
arte 2,2, e 5, nnd 2 ho	10a. USUAL OCCUPATION [Give kind of work done during most of working life, even if retired] 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slate or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Pag Pag s 1 a	HOUSEWIFE OWN HOME MARYLAND USA
A ho	13. FATHER'S MAIDEN NAME
2 milye rive le p	CLARENCE HILL YIRGIE JACKSON
form form	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unknown) [[fryes give war or dates of service]]
ad w	NO 215-20-8438 THOMAS KEY SR WESTMINSTER
n lie	18 CRUSE OF DEATH [Enter only one cause part in a for (e), (b), and (c).] PART I, DEATH WAS CAUSED BY: ONSET AND DEATH
cil i	IMMEDIATE CAUSE (*). Amniotic fluid embolism
d ben is it	648.3 DUE TO
5 E E E E	Conditions, if any, which (b) Recent Pregnancy
ing as a series	(a), stating the underlying DUETO
pen sed n, o	COURSE TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, all 19. WAS AUTOPSY
Example 1	PERFORMED?
his wer lical ild b	YES AND 1 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Part Lor Part II of item 18.)
Mec Shou	20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Part I or Part II of item 18) PRIMARY — or CONTRIBUTING — U CAUSE OF DEATH.
ing 3	
Pag of	Hour e.m. While Not While Sactory, street, office bldg., etc.)
A THE COLOR	21. I certify that I took charge of the remains described above, held an AutopsyXX, Inspect on , Inquiry , and in my opinion
発症を行う	death resulted from Natural causes X., Accident , Suicide , Homicide , Undetermined manner
OIC arde age	CHIEF MEDICAL EXAMINER
S S S S S S S S S S S S S S S S S S S	ACTUAL SIGNATURE OF THE CHILL MEDICAL EXAMINER DATE SIGNED
RAI igna	DEPUTY MEDICAL EXAMINER MAY 17 1962
N STRIP S	NAME [Type] RUGIGET Breitenecker, Fi.D. Addrass (Straat, city, town, or county)
DEP should its de	226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCAT ON (City, town, or country) (State)
5 g 4 5 g	BURIAL 5/13/62 MT OLIVE FREDERICK CO MD
VS A15ME	23. FUNERA. D. REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9 60	NN Harleter Y Sour New Window 10ARAY 1 3 '62 anthur 8. Homes



05662

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

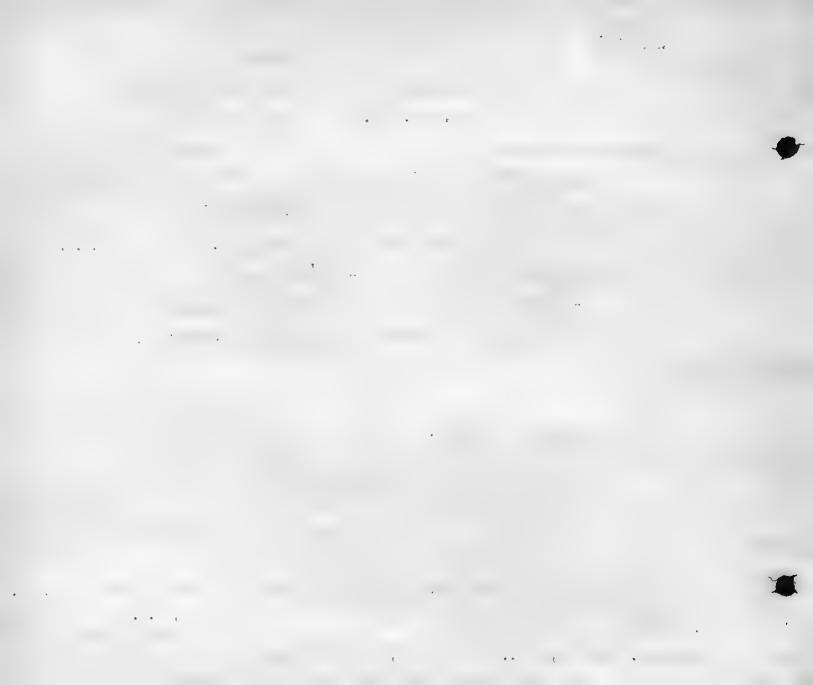
CERTIFICATE OF DEATH

Reg. Dist. No.

1 PLACE OF DEATH O. COUNTY CARROLL MARYLAND	2. USUAL RESIDENCE (Where deceased fived If institut on Residence before admission) o. STATE MARYLAND b COUNTY CARROLL
b. CITY OR TOWN (If autside corporate timits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 26 YRS	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	1 d STREET ADDRESS 41 WESTMORELAND ST C. IS RESIDENCE ON A FARM? YES NO W
3 NAME OF DECEASED (Type or print) ESTELLA MAY	Last 4. DATE Month Day Year OF DEATH MAY 18 1962
5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH MAY 11, 1883 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) 7 9 yrs Months Days Hours Min
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House We Fe	MARTCAND U.S.A.
13. FATHER'S NAME EPHRIAM BACHMAN	14. MOTHER'S MAIDEN NAME CORNELIA WENTZ
	NFORMANT Address WEHTER - CORNELING KROH YIWESTMORELAND ST
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last.	INTERVAL SETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
ICATIC	NOT RELATED TO THE TERM. NAL DISEASE COND TION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO. D. (Enter nature of injury in Port I or Port II of item 18)
Toc TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PL	ACE OF INJURY (Home form, 20f (City or town) (County) (State) ctory, street, office bldg., etc.)
alive an MAT 18, 196 and that death	1958, ta 19718, 1952 that I last saw the deceased a occurred at 1197M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D. 1981066 RD 5/1862
PHYSICIAN'S NAME (Type)	WESTMINSTER, MD.
220 BURIAL, CREMATION. 22b DATE THEREOF 225 NAME OF CEMETERY OF SEMOVAL (Specify) 5 2 / 6 Z / 1/2 / 1/	a Cornetin Rural Westrunsta Mid.
J. E. Mylls of Westminister	MAY 2 2 '62 Lang & Tropia



			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05653 CERTIFICATE OF DEATH 05658
rs after funeral	M		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, H institut on: Residence before edmiss on) a. STATE b. COUNTY
4 hou by the	dearh		b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest fown) LENGTH OF STAY IN 1b write RURAL and give nearest fown) C. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest fown)
ithin 2.	rs after /.	5	Syke sville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g vs street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
etely bers	72 hours		Springfield State Hospital Name of Deceased Note: The Month Day Year Deceased Of Day Year D
exect compl	if		(Type or print) Florence Lillian Lewis DEATH May \$ 14 19 62
be and	, Wi		last birthdey) Months Days Hours Min.
tificate sician	aven		Temale White WIDOWED DIVORCED November 21, 1885 76 yrs. 108. USUA. OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP. ACE (County & State, or lora.gn country) 12. CITIZEN OF WHAT COUNTRY?
cert phys	any	7	Housewife Own home Washington, D.C. U.S.A.
9 50	: E/-	닛	Nathan De-Lavergene DeLavergne —Claudine Thomson 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
t the atter Then	oval,		(Yes, no, or unkown) [(Ifyesgivewarordetasofservice)]
s tha lan. ly the	Te II		18 CAUSE OF DEATH (Enter only one cause par line for (a) (b) and (c).]
quire hysicilad led b	٦, o		PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Bilateral lobular pneumonia, type undetermined. Days
w re	afio	√ .	490X DUE TO
endir been rial-t	Cren		Gonditions, if any, which (b) gave risa to immediate causa DUE TO
f. II	urial,		cause last. (c)
Ital citals cicate	٥ م	2	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? PSychotic depressive reaction. 100 ACCIDENT WAS INDERLYING TO 1.20b. DESCRIBE HOW IN TURY OCCURRED (Finder nature of insure of in
PSIC hosp certif use	rior		Psychotic depressive reaction. YES NO E 208 ACCIDENT WAS UNDERLYING 208. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of III of II of
PH the this	ith p		OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)
Ined by E. After detached	of Hea		20c. TIME OF INJURY Month, Dey, Year Annual Month, Dey
THE STA	Dep		21. I certify that (I) (this hospital) attended the deceased from. March 10,, 198, to May 14,, 1962, that (I) (we) last
R A NY be REC hould	state		saw the deceased alive on May 14,
AL O	th the		ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. X 5-14-62
N N N	<u> </u>	1	NAME (%po) Agustin del Campo, M.D. Springfield State Hospital, Sykesville, Md.
death.	be file		23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City, lown or county) Washington, D.C. (Stata)
VR A1S			24 FUNERAL DIRECTOR'S SIGNATURE TOWN OF THE STATE OF THE
15M 7 6	51		Warner E. Pumphrey, Inc., Sflver Spring, Maryland DATE MAY 17 '62 William & House

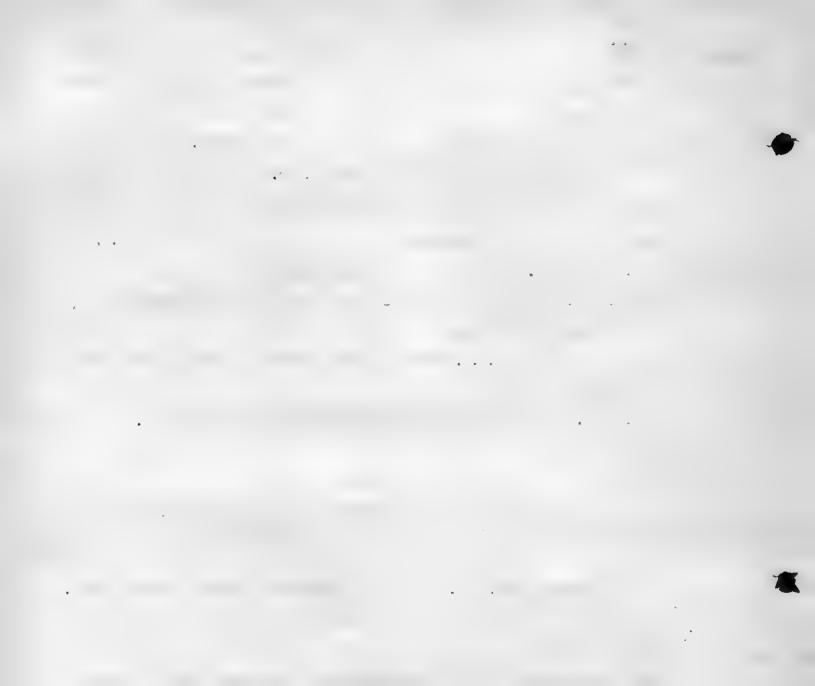


17	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05659
ithin 24 hours after filled in by the funeral Pages 1 and 2 should urs after deeth.	1)	1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN, if outside corporate limits, write RURAL and give nearest town) with RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address 2. USUAL RESIDENCE (Where deceased lived, if natitution, Residence before admission) a. STATMAN LIMITED (Where deceased lived, if natitution, Residence before admission) b. COUNTY C. CITY OR TOWN, if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN, if outside corporate limits, write RURAL and give nearest town) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS
death certificate be executeding physician and completely please remove carbon papers.	-	3. NAME OF DECENSED (Type or print) TO HAVE TO LOVELL DEATH MONTH DEATH
N: The law requires that the or attending physician. he has been signed by the attenthe burial-transit permit. Then burial, cremation, or removal.	5)	[Yes, no, or unkown] Ellipes give war or deles of service! 17-22-1530 Mis Minnel & Lovell - Jeiebend Mid 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] PART I. DEATH WAS CAUSED BY: Cerebral Thrombosis DUE TO Conditions, if eny, which geve rise fo immediate cause (e) Colditions, if eny, which cause (e) Conditions, if eny, which geve rise fo immediate cause (e), the property of the cause (e), stating the underlying cause last. (c)
OR ATTENDING PHYSICIAL may be retained by the hospital DIRECTOR: After this certifical 3 should be detached for use as the State Dept. of Health prior to the		PART II. OTHER S,GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19, WAS ALTOPY PERFORMED? 20e. ACCIDENT WAS UNDERLYING 20b. DESCR.BE HOW INJURY OCCURED. (Enter neture of injury in Perf I or Perf II of I tem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, farm, factory, street, off ce bidg., etc.) while et work et work et work 19 et work 19 et work 1902, to May 1902, that (I) (we) last saw the deceased alive on May. 30
TO HO. Adeath. Adea	1	226. PHYSICIAN'S NAME (Type) M. C. PORTERÍEDA 236. BURIAL, CREMATION. 228. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION. 228. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY CHURCH CONTROL OF COUNTY COUNTY OF COUNTY

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		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
2 00		05665 CERTIFICATE OF DEATH 05660	
affe mind	$ \mathbf{M} $	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before adm b. COUNTY b. COUNTY	ission
the 1		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown,	_
24 h		Sykesville 21 days Baltimore 1	1
hin fed ii sges s afte		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS o. IS RESIL	
S. P. Fill		Springfield State Hospital 409 Park Ave.	o <u>₹</u>
plete		DECEASED	2
Con con yithin		5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 2 8. DATE OF BIRTH 9. AGE (In years IF JNDER) YEAR, IF JNDER 24	HRS.
e be and carb		Male White widowed October 23,1889 72 yrs. Monins Days Hours	Min.
ifical sician nove		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COU	INTRY
Phys	Ì	Unknown 13. FATHER'S NAME U.S.A.	
ding ding pleas	T	Hugh J. Martin, Sr. Ellen Keefer	
the atten	7	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no. or unxown) Liffyesg wavarordetasofsarvice)	
that the the iit. I		Yes 1918-1919- Army #3074877 578-05-7232 Springfield Hospital Records. The Cause of DEATH (Enter only one cause par line for (a), (b), and (c)) NIERVAL BETWEE	EN
vicia d by perm		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREUMONIA Days	TH
require physical phys		32/X DJE TO C.V.A. with complete paralysis of the left side Days	
a law nding seen : ial-tra		gava rise to immadiate cause	
The affer has bur bur rial,		(a), stating the underlying DUE TO	
IANN: tal or cate ss the	(C.B.S. assoc. with cerebral arteriosclerosis with psychotic reaction. Perform	OPSY
ospii ertifi use a		C.B.S. assoc.with cerebral arteriosclerosis with psychotic reaction. PERFORM YES \[\text{NC} \] ZOB. ACCIDENT WAS UNDERLYING \[\text{Laurence} \] ZOB. TO CONTRIBUTING \[\text{CAUSE of DEATH} \] OR CONTRIBUTING \[\text{CAUSE of DEATH} \] (IF EITHER, NOTIFY MEDICAL EXAMINE)	K
PHY the this chis chis chis chis chis		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ING I by ffer i ffer i Hea		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steel) factory, street, office bidg., etc.)	rle)
Sinex Br. A dek			
S C C C C C C C C C C C C C C C C C C C		21. I certify that (I) (this hospital) attended the deceased from May 10,	
State		228. S GNATURE / ATTENDING MED STAFF	ATE
AL 130 3		ATTENDING DIRECTOR PHYS. 3 ATTENDING DIRECTOR PHYS. 3 22e. PHYSICIAN'S 22d ADDRESS 5/31	/62
E B		NAME (Type) Adnan Sonmez, M.D. Springfield Hospital, Sykesville, Md.	
HOsafter FUT		238. BURIAL. CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county))
5.45.43 14.43.43	0	Burial 4-4-62 Bellimore Mellonal Andwer live, Bello. 7	M
VR A15 (4) 15M 7 6I	The way	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE TUN 962 Contain & Thank	
	1	Vienne of offered of the state	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, if institutions Residence before admission) a. COUNTY a. STATE **b.** COUNTY Carroll MARYLAND Maryland Carroll b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give pearest town) directo Rural- Mt. Airy Rural-Mt. Airv d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) Boar d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TO NO RFD 3. NAME OF First DATE Middle Month Year DECEASED OF (Typa or print) Daniel DEATH Eugene 19 Mayne May 9. AGE (In years IF JNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. lest birthdey) | Months | Days Hours d 2 v Male W.DOWED DIVORCED [May 30 Vrs. 10e. USUAL OCCUPATION (Give kind of work 10b. K ND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) None Frederick, Md. USA PM3, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert M. Mayne Shirley A. Cooley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC.AL SECURITY NO. | 17. INFORMANT (Yes, no, or unknown) ! (If vesqiva wer or detes of sarvica)! Mrs Robert M. Mayne, Item 2 No none 18. CAUSE OF DEATH [Enter only ona ceuse per l'na for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: MMED, ATE CAUSE (a) Office burial-t DUE TO Conditions, if eny, which geva risa to immadiete cause DUE TO Examiner's (a), sletting the underlying cause lest. besu ion, o PART II. OTHER'S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Pert I. of item 18.) PRIMARY Or CONTRIBUTING writing to Chief Apage 3 s the Cr. Page 3 MEDICAL 20d. INJURY OCCURRED. 20s. PLACE OF INJURY (Homa, form, 20f. (City or fawn) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) actory, streat, offica bldg etc.) let work OR: Inspection K I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Homicide death resulted from: Natural causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER FUNERAL DEPUTY MEDICAL EXAMINER should NAME Wype Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL CREMATION. 22d. LOCATION (City, town, or country) (Stale) REMOVAL (Spacify) May 20,1962 Jennings Chapel Florence, Md. **40** ₽ Burial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Damascus. Md. Cirlbury & Trenses 5M 7/59



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05667 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05662
HEALIN DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutione, Residence before edmission)
Page les.	"Elevall MARYLAND Williams 6. COUNTY Vellicall
8 1 7 3 A	b. CITY OR TOWN (if outside corporate limits,) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest fown)
	Manchester (Ruse) 12 4rd & Williehester (Rug)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS
e B. f.	ON A FARM? YES IN NO I
fun fun ain Stat Stat	3. NAME OF Lost 4. DATE Month Dey Year
Far ter ter ter ter ter ter ter ter ter te	(Type or pnot) ALFRED - S - MAYS DEATH May 4 1962
를 등 수 를 출 기	5. SEX 6. CO.OR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In your F UNDER 1 YEAR, IF UNDER 24 HRS
P pure sond	WIDOWED DIVORCED 8-1-1888 Just birthday Months Days Hours Min.
# 2 m 2 m	100. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
Page 1	done staying most of working life, even it retired) Fearner Maryland WSA
Page 13.	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
22 e e e e	almahan Mark Martin Theres
S G G F F F F F F F F F F F F F F F F F	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unknown) [UF95givewerordetes of service]
d w d w lith 18 lith 1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unkown] (Is passive were deterof service) [In Calver OF DEATH (Solve Day one call for (a) (b) and (c)]
T W W	INIERT AND APATH
long ansign	PART I, DEATH WAS CAUSED BY: Juntal of Cheat Mine
l be ce a ce a si-tr	976X DUE TO
ould Offi buri nove	Conditions, if any, which (b)
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	geve rise to immediate cause (a), stating the underlying DUE TO
icate and an area and a set a	cause lest. (c)_
Exal	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?
ris c vorc cal d b ema	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert II or Pert II of Item 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI
Aedinoul	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert II or Pert II of item 18.)
NE G A	July 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
Chillian See	Section of the section of the section of the bldg. etc.)
the the ior	
Fig. 7	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
Gent ded gent	death resulted from. Natural causes, Accident, Suicide, Homicide, Undetermined manner
ED War	ACTUAL CHIEF MEDICAL EXAMINER [
ME Wite the formal form	SIGNATURE ALLE AND ASSISTANT MEDICAL EXAMINER
DEPUTER Should be frunERAL	EXAMINER'S TAMES TO MARSH DEPUTY MEDICAL EXAMINER & DEPUTY MEDICAL EXA
DEPU should FUNE	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. TOCAT, ON (City, town, or country)
O 0 4 0 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Burial May 7-67 St Retein Ballo to Mill
VS. AISME	23 FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
5M 7/59	Stepton- Elecel Herrefistered Will DATES 7 162 1 Charles Known
Du . 10.	I WATERTS P



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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MADVIAND
	05669 CERTIFICATE OF DEATH	05664
1)	Place of Death Carroll MARYLAND 2. USUAL RESIDENCE (Where decessed lived, if institution as STATE Maryland Baltimore) Baltimore	-CAYAOXX
15	b. CITY OR TOWN if outside corporate limits, write RURAL e write RURAL end give nearest lown) Sykesville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS d. STREET ADDRESS	L. Z. X. S. RESID
	Springfield State Hospital 2044 York Road	ON A F
	OF DECEASED (Type or print) William Elsworth Merryman, Sr. DEATH May	8, 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Male White WIDOWED DIVORCED April 28, 1899 9 AGE (In years If JNDER last birthday) 63 yrs. 63 yrs.	Days Hours
	10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fore gn country) 12. Country most of working life, even if retired) Painter Radio Breadcastin Maryland 14. MOTHER'S MAIDEN NAME	U.S.A.
	Lewis Elsworth Merryman Margaret Williams 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	No 215-03-9326 Springfield Hospital Records	I INTERVAL BÉTM
	18. CAUSE OF DEATH [Enter only one cause per time for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: "MMED ATE CAUSE (e) Acute peritonitis	Days
5	Conditions, if eny, which governes to immediate cause (a), stating the underlying cause last. DUE TO Conditions, if eny, which (b) Carcinoma of the right lung with metastasis to the third thoracic vertebra.	Weeks.
2	- (c)	RT 1(a) 19. WAS AU PERFOR
	20a, ACCIDENT WAS UNDERLYING [] 20b, DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Perf. or Perf. II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	, 2
5	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED (20e. P.ACF OF NJURY (Home, ferm, 20f. (City of fown)) While Not While factory, street, office bidg., etc.)	ounty) (S
are Cep	21. I certify that (I) (this hospital) attended the deceased from April 20,, 19.62 to May 8,	
PE PE	220. SIGNATURE ATTENDING MED STAFF PHYS. DIRECTOR PHYS. TX	5/8/
	22c. PHYSICIAN'S NAME (Type) Adnan Sonmez, M.D. 22d. Adnas Sonmez, M.D. Springfield Hospital, Sykes	
	REMOVAL (Specify) 5-11-62 St. Joseph's Catholic Cockeysville, Mc	i
"The	24 FUNERAL DIRECTOR'S SIGNATURE SCHOOL UNE, TOGETONY MIL DATE AY 1 4 '62 Inches &	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH il director, filed with, 1. PLACE OF BEATIN 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY **b** COUNTY MARYLAND eral be f CITY OR TOWN (If outside corporate fimits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) pluods NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO OR INSTITUTION NAME OF Eirst 4. DATE Middle Lost Month Year Day DECEASED DEATH (Type or print) 19 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months WIDOWED DIVORCED yrs paper 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ond pan N 13. FATHER'S NAME Sor IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 17, INFORMANT Address 116. SOCIAL SECURITY NO 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the under lying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o.m. While Not while of work of work p. m. 21 I certify that (1) (this haspital) attended the deceased from (we) last M, fram the causes and an the date stated above and that death occurred at saw the deceased alive an 220. SIGMATURE 22b, DATE ATTENDING MD DIRECTOR PHYS 22c PHYSICIAN'S NAME (Type) DATE THEREOF 23a BURTAL CREMATION 23b OR CREMATORY 23d LOCATION (City, town, or county) (State) MOYAL (Specify) 256 REGISTRAR'S SIGNATURE DIRECTOR'S SIGNATURE **ADDRESS** 2So REC'D BY REGISTRAR Chiller S. Thouse DATE 1SM 97S9



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	*		DIVISION OF ST.	ATISTICAL RESE	ARCH AND RECORD	S, 301 W. PRESTO	ON STREET, B.	ALTIMORE 1, M	ARYLAND
			05672			TE OF DEAT	H		05667
afte iner	4		PLACE OF DEATH		Item 9 Film 0	2. USUAL RESIDEN	CE (Where deceased	hved, If institution: Re-	idence before admission)
the fu	W		b. CITY OR TOWN (if outside	rownenda limite	MARYLAND	Marylan	đ	Balto. (City
24 in by 1 ar			Sykesville	rest lown)	2yrs.lmo.28dy				+
hin ed aft	15	<u> </u>	d. NAME OF HOSPITAL OR IN			d. STREET ADDRESS	-		a. IS RESIDENCE
y fill	1-			State Hosp		2614 N.	Charles S	træt	YES NO X
ote 72 h	. \	3	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Year
mp pa	I	1	(Type or print)	Ethel	Marie	Mitchell	OF DEATH	Mav	29. 1962
Bon d		5	SEX 6. COL	OR OR RACE 7. MARRIE	ED NEVER MARRIED B	. DATE OF BIRTH		(In years IF UNDER 1 Y	EAR IF UNDER 24 HRS.
an car			Female Whi			eptember 29,	1899 61	62rs. Months Da	ys Hours M'n.
ificat sician nove		10	Da. USUAL OCCUPATION (G ve one during most of working I te,	kind of work 10b. k	CIND OF BUSINESS OR INDUSTR			country) 12, CITIZ	EN OF WHAT COUNTRY?
h cerl g phy: ise rei		1.	Housewife/odd j	obs		Maryland	NAME	U.,	S.A. –
ding plea			Robinson			Hele	n –		
he of			WAS DECEASED EVER IN U.S.		SOCIAL SECURITY NO. 17	NFORMANT	-	Address	-
at It		Ι,	No No	- ar or dates of service)	_	Springfield	Hospital	Records	
S THE			18. CAUSE OF DEATH [E	nter only one cause per	line for (a), (b), and (c).)	1 - 0 -	¥		INTERVAL BETWEEN ONSET AND DEATH
ysicilly ysicilly ad be per			PART I. DEATH WAS C	AUSED BY: Cor	pulmonale				Years
re ph ph ign insit			5271	DUE TO					
law ding en s en s			Conditions, if any, which) (b) Chro	onic obstructiv	e pulmonary	emphysemia	and fibro	sis Years
The ten ten s be s be s be like			geva rise to immediate cause (e), stating the underlying	DUE TO					
N: or a or a he t			cause last.)		_			WALKER, SITTLE BO
to t		Ž.			NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM I	NAL DISEASE CONDI	TION GIVEN IN PART 1	PERFORMED?
SIC osp osp use use		I A	7		paranoid type.				YES NO
he he his consists of for		FRTIE	OR CONTRIBUTING [] CAUS	E OF DEATH	SCRIBE HOW INJURY OCCURED	, (Enter neture of in ary in	Part, or Pert II of item	n 18.)	
Per the		1	(IF EITHER, NOTIFY MEDICAL	1	INJURY OCCURRED 20s. PLA	CE OF INITIPY (Home fore	n, 20f. (City or tow	vh) (Count	y) (State)
NDIN ined l it. Affi detacl		MEDICAL	Hour e.m.	While the state of war	eNot While, fect	ory, street, office bldg., etc	.)	(Count	,1
He Cas			21. I certify that (I)	(this hospital) atten	ided the deceased from.	April 1.	19 60 to	lay 29 196	2, that (I) (we) last
S S S S S S S S S S S S S S S S S S S			saw the deceased alive	on	29 1962. , and that	death occured a.s.	30MP the the	causes and on th	e date stated above.
OR OR			220. SIGNATURE	-A , A	10.	ATTENDING /	MED. STA	A FF	22b. DATE SIGNED
14 H 8 T			Clasini	111 666	1 Ea122 RO.M	.D. PHYS.	DIRECTOR PH	rs. 📆	5-29-62
A G S			2/2c. PHYSICYAN'S NAME (Type)	gustin del C	lampo M Å	22d. ADDRESS	ld State F	Iosnital S	ykesville. M
O d C bell			Ba. BURIAL, CREMATION, 236		23c. NAME OF CEMETERY			(City, town or county)	(State)
O de die		2	REMOVAL (Specify)	6/5/62	1				_
VR A15 4)		2	DULTIAL FUNERAL DIRECTOR'S S.GNA	JURE/	Beverly Nati			verly, New 25b. registrar's si	
15M 7 61			Ellsworth Arm	Cost 4600	Liberty Hohto		4 100	_	
		1,	2220 11 02 042 211 111		Proceed Highles	• Trac	AIL	- Colling 8-	Harris -



80 1	MARYLAND STATE DEPARTMENT OF HEALTH OPivision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05.669
HEALTIN DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacesed lived, if Institution, Residence before admission)
≥ 8 (£ M)	e. COUNTY Carroll Maryland b. COUNTY Carroll
88. E. P. S.	b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest lown)
acto our d of	Rural - Vestminster 37 Years Rural - Westminster
Son Air	d. NAME OF HOSPITAL OR INSTITUTION (finot in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE
nera ned te B h.	lestminster, R. D. 7 Vestminster, R. D. 7 Vestminster
any ne fu entair e Sta deat	3. NAME OF First Middle Last , 4 DATE Month Dey Year DECEASED OF
the transfer of the transfer o	(Type or print) Gruver J. Morelock DEATH 5/15/62 19 5. SEX 6. COLOR OR RACE, 7. MARRIED TO MEYER MARRIED TO B. DATE OF BIRTH 9. AGE (In YOUTH LIFT UNDER 1 YEAR) IF UNDER 24 HRS
deal id 3 iay with	last birthday) Months; Days Hours Min.
fter 2, an 5 n d 2	1216 WIDOWED DIVORCED 10/18/1889 72 yrs. 100. USUAL OCCUPATION (Give kind of work 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CIT.ZEN OF WHAT COUNTRY?
s1, s1, s1, s2, s2, s2, s2, s2, s2, s2, s2, s2, s2	Farming Itis own farm Carroll Co., Md. U.S.A.
hou Bage 13. P iffin	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Por Por	Milton Morelock Susan Reinecker
THE SECTION AND THE SECTION AN	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) (((yasgivewerordetesofsarvica))
ed w hm 11 hm 12 hmy nny	No. None 1219-36-0290 Mrs. Bertie Horelock, Mestminster, Md. R.D.7
ocut in the in a	18. CRUSE OF DEATH [Enter only one cause par line for (e), (b), and (c)] PART I. DEATH WAS CAUSED BY:
s ex alor frans	PART I. DEATH WAS CAUSED BY: IMM COLLATE CAUSE (6) Crue hour surjeury To Chien.
Id by right right val,	7/2. DUE TO
in i	Conditions, if eny, which (b) geve rise to immediate cause
ate ndin ner ner or r	(a), staling the underlying DUE TO cause last.
used von	(V)
s ce ord al E be mati	PART II. OTHER SIGNIF. CANT COND. TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES DO DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Part II of Item IB.) PART II. OTHER SIGNIF. CANT COND. TIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Part II of Item IB.) PART II. OTHER SIGNIF. CANT COND. TIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Part II of Item IB.)
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FER St A Straight St St A	
Militing Chief	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 4dd a.m. While Not While of work at work a
XXA Fe Fro	
Tight of the Park	21. I certify that I took charge of the remains described above, held an Autopsy
Cert rest Ben gen	death resulted from: Natural causes, Accident _X_, Suicide, Homicide, Undetermined manner
MED e the forwa L DII	ACTUAL ASSISTANT MEDICAL EXAMINED DATE STONED
execute ld be for rERAL lesignate	SIGNATURE DEPUTY MEDICAL EXAMINER X
DEPLITY asse execute should be for provided by the provided by	NAME (Typ) AM ES / NARS # Address (Street, city, town, or county formall Com
	226. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
5 g 4 5 g v	Puril 5/18/62 Baust Church Cemetery Nr. Taney town, Carroll Co., 1:d.
VS. ATEME	Nahama A Toffe Vittlestown Pa-
5M 7/59 "	/ renard /9 Julie Littles towns, 200 DATORAY 17 '62 arrhay S. Known



10 11,-	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05674 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05660
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed 1 ved, If institution; Residence before edmission)
recessary, ctor. Page our files, of Health,	e. COUNTY CARROLL MARYLAND b. COUNTY CARROLL C. LENGTH OF STAY IN 1b write RURA- end give neerest fown] c. CITY OR TOWN (If outside corporate limits, write RURA- end give neerest fown)
by is reference for your	RURAL WESTMINSTER 10 MIN. d. NAME OF HOSPITAL OR INSTITUTION (if not 'n hospite), give street eddress) d. STREET ADDRESS o. 15 RESIDENCE ON A FARM?
h. If any to the funer oe retained to the State ther death.	CKANBERRY KD AT ROUTE 140 18NEW WINDSOR RD YES NO HOUSE AND NO HOUSE
after deat 1, 2, and 3 3e 5 may 1 and 2 with 2 hours at	5. SEX 6. COLOR OR RACE 7. MARRIED
24 hours all all all all all all all all all al	done during most of working I fee even, I retired) 13 FATHER'S NAME TO DESCRIPTION OF THE PROPERTY OF THE PR
tem 18, Giv with form F permit. File any event	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIA. SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Hyesgive were or deles of service) 705-12-542011111 (Holon of Manual Samples)
e execute nncil in Iter along wi transit pe and in ar	18. CAUSE OF DEATH [Enter only one case by I no for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) ONSET AND DEATH
ould to	Conditions, if any, which by
นู เ อา ัง ช อู	gave rise to immediate cause (e), stating the underlying DUE TO
This certificate o word "pendir dicate Examiner did be used as cremation, or	PART II. OTHER SIGNIF.CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 19. WAS AUTOPSY PERFORMED? YES NO TO CAUSE WAS PRIMARY Sor CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTIO
INER: Thi ing the we ief Medics of 3 should buriel, creations of the contractions of the interval of the inter	ALAPITY ALLE AT V. IV A
EXAMINER cole, writing the to the Chief MOR: Page 3 st prior to burial	20c. TIME OF INJURY Month, Day, feet 20d INJURY OF CURED 20e, PLACE OF INJURY (Home, farm, 20f. (C ty or lown) (County) (Stete) While Not While of work of work 21. I certify that I took charge of the remains described above field an Autopsy Inspection Inquiry and in my opinion
MEDICAI te the certifi forwarded L DIRECT ated agent,	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL
BAI ignah	SIGNATURE M. D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Address (Street, city, town, or county)
5 2 4 5 g	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Siele) SMALL 5/2/62 Silver Min- January 22d. REC'D BY REG STRAR 24b. REGISTRAR'S RIGHATURE 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REG STRAR 24b. REGISTRAR'S RIGHATURE
VS. A15ME 5M 7/59	J. L. Myen, J: Westmister, Med DATE MAY 1 4 '6? Quiller S. time.

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1		MARYLAND STATE DEPARTMENT OF HEALTH
COD DTATE		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FUK SIRIE		15675 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 113619
EALIN DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution: Residence before admission) a. COUNTY b. COUNTY
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or your	K	LESTMINSTER RD #4 SWEEKS WESTMINSTER RD#4 X d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street eddress) d. STREET ADDRESS
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nd and and and and and and and and and a	1	MALE WHOWED DIVORCED NOV. 5 1918 lest birthdey) Months Deys Hours Min.
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Pag 1, 2 a 1 a 1		FARMER (CARROLL CO. MD. U.S.A.
P 2 8.3	13.	FATHER'S NAME
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With 18. (19. (19. (19. (19. (19. (19. (19. (19		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address SAME SAME
fem fem with pern any		VES WORLD WAR IV83 - 14-8429 MRS. ZARLW. NONEMAKER APPRESS 18. CRUSE OF DEATH [Enter only one couse per lips for (a), (b), and (c). 1
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e da diffe		causa last. (c)
d "p d "p d "p Exa Exa e us e us	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
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the the short	CERT	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
iting bied buri	CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Pag of r	MEDICAL	Hour a.m. While No! While factory, street, office bldg., etc.) p.m. 19 et work al work
Price Park		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
art, Carlette		death resulted from: Natural causes . Accident . Suicide . Homicide ., Undetermined manner .
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M IM VS. A15ME	23.	FUNERAL DIRECTOR 246. REC'D BY REG.STRAR 246. REGISTRAR'S SIGNATURE
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	1 14-	MARYLAND STATE DEPARTMENT OF HEALTH	
	7	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA CERTIFICATE OF DEATH Item 3 Film (3) 4 5 62 3 44	05671
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vision N	<u>p</u>	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Arteriosclerotic heart disease	years
Pha mi	ion ion	4-20.0 DUE TO	
aw ing	ma .	Conditions, Tany, which \ (b) Generalized arteriosclerosis	years
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Tath att	ياة. 1	(a), stating the underlying but to	
# 0 K	# 2 ·	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 a	19. WAS AUTOPSY
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hos	. [5 20a. ACC DENT WAS UNDERLYING TI 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 of Part 1 of Item 18.)	1
al sir	후류	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
O ≥ ₽	90 S		(State)
MA #	T T	Hour s.m. While Not While fectory, street, office bldg., etc.)	,,,,,,
N in M	. t	Pini:	2
E P P	2 2	21. I certify that (I) (this hospital) attended the deceased from 5/8 to 5/22 to 5/22 to 5/22	
表 20.	out e de	saw the deceased alive on 5/221962, and that death occured at	
S & S S	- ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹	220., SIGNAFURE / / / ATTENDING MED. STAFF	22b. DATE SIGNED
보기년	<u>∞</u> <u>€</u>	Communication of the phys. Director Phys.	5/22/62
4	Pag in	22c. (HYSICIAN'S AME (Type)	
N. C.	8 ह	Gertrude M. Gross, M. D. Springfield State Hospital	A M as welling
He He	\$ # E	238. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county)	(State)
ပ်္ခ္မင္မႈ		134RIA 3/23/62 FARKWEDD CEM. 19AL IMORE	Ild.
VR A1	S (4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN	
1SM 7	1.62	X. Y. Ruck Inc 5305 HARFORD Kd. DATE MAY 25'62 Coulon S.	Fliance
	11.		



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution, Residence before adm ss on) a. COUNTY **b.** COUNTY by the and 2 death. Carroll Maryland MARYLAND Washington b. CITY OR TOWN (f outside corporate limits, c. LENGTH OF STAY IN 16 c. CiTY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town) Sykesville 1 mo. 26 days Hagerstown d. NAME OF HOSP TAL OR INSTITUTION (if not in hospita, give straet address) d. STREET ADDRÉSS e. IS RESIDENCE ON A FARM? Springfield State Hospital YES NO T Prospect 3. NAME OF Middle 4. DATE DECEASED (Type or print) Philin Leo Reardon DEATH May 19 62 6 COLOR OR RACE 17, MARRIED THEYER MARRIED 8. DATE OF BIRTH AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. and lest birthdey) | Months September 27, 1889 Male WIDOWED [DIVORCED F 10a USUAL OCCUPATION (Give kind of work 1Db KIND OF BUSINESS OR INDUSTRY 11. 8 RTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working tife, even if retired) U.S.A. Sup't., Insurance Co. Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Reardon Julia McMannis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) (If yes give werer detes of service) Springfield Hospital Records 18 CAUSE OF DEATH [Enter phay on a cause per line for (e) (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Interstitial pneumonitis Days IMMEDIATE CAUSE (a) DUE TO Recurrent C.V.A. Weeks Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY C.B.S. assoc. with cerebral arterios clerosis with psychotic reaction. PERFORMED? NO K 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Itam 18.) 2De ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 1 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While et work at work 19 62, and that death occured 10:30P. Mrom the causes and on the date stated above May. saw the deceased alive on 22a SIGNATURE 22b. DATE ATTENDING STAFF PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Adnan Sonmez, M.D. Springfield Hospital, Sykesville, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) HAGERSTOWN MARYLAND REST HAVEN CEMETERY BURTAL 25n. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24/FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) arthur S. Henry HAGERSTOWN MARYLAND TINERAL HOME DATE ID

RYLAND STATE DEPARTMENT OF HEALTH



	DIVISION) OF STATISTICAL	MARYLAND STATE	DEPARTMENT	OF HEALTH FON STREET, BALTIMOR	E 1 MADVIAND
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IJ	1. PLACE OF DEATH	17		2. USUAL RESIDE	NCE (Where deceased lived, If institute b. COUNTY	utioni Residence before admir
	b. City or town u	Outside corporate limits,	c. LENGTH OF STAY IN 1	Marx	17nd New Jersey (If outside corporate m is, w e RUR	y onteoneth
47	Sykesy	give nearest town)		\$ 1 17L114	71 Somerville	
			not in hospitel, give street eddress)	d. STREET ADDRES	A.C.	o. IS RESID
	Springs	field State	Hosp.	77.47.641/	MALATINA (HONG /	YES NO
	DECEASED (Type or print)	1 121		PARPOS	OF DEATH	19 6
ŀ	5. SEX		le Dorothy Raymon Married never married	B. DATE OF BIRTH		NDER 1 YEAR IF UNDER 24
	Female		WIDOWED X DIVORCED	7/27/71	90 /9 yrs.	nths Deys Hours
	10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired)	10b. KIND OF BUSINESS OR INDU		unty & Stete, or foreign country) 1	2. CITIZEN OF WHAT COL
	Housewife 13. FATHER'S NAME			Mass.,	U.S.A.	
	Bernard I	Raymond		Sonhin	Raymond	
	15. WAS DECEASED EVER (Yes, no, or unknown) (If)	R IN U.S. ARMED FORCE		. INFORMANT	Address Address	
/	No.	PATH (Feter only one or	nuse per line for (e), (b), and (c),	Hosp. reco	rds	INTÉRVAL BETWI
	PART I, DEATH	WAS CAUSED BY:	Congestive Heart	Failure		ONSET AND DEA
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	Conditions, if eny,		Arteriosclerotic	cardiovascul	ar disease	years
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	20c. TIME OF INJUR Hour e.m. p.m.	19	While Not While et work	factory, street, office bldg., e	(***)	
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	age	esten	del ampo	M.D PHYS.	MED. STAFF PHYS.	5/
7	22c. PHYSICIANS	Agustine de		22d, ADDRESS	rfield State Hosp	
	23a. BURIAL, CREMATIC				23d., LOCATION (City, town g	_ /3 ~
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	24 FUNERAL DIRECTOR	SISIGNATURE	ADDRESS	MA 25a R	EC'D BY REGISTRAR 256. REGISTI	RAR'S SIGNATURE
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ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institutions Residence before admission) B. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) 3017, move Kesul d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital a. IS RESIDENCE ON A FARM? YES NO paper NAME OF DATE Month (Type or print) DEATH S. SEX AGE (In yeers | IF UNDER I YEAR last birthday) Months Hours 10a. USUAL OCCUPATION (Giva kind of world 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Henry Kohrbach INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Autovio schevosis Conditions, if any, which (6) geve rise to immediate causa **DUE TO** (a), stating the underlying Dsychotic Reaction blus cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE/SONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE/SONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE/SONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE/SONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE/SONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE/SONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE/SONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE/SONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE/SONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE/SONDITION CONTRIBUTION CO PERFORMED? Deaubitus 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Pert I or Part I of Iem 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dev Yeer | 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, ' 20f. (City or town) [County] (Stelle) fectory, street, office bldg., etc.) White Not White Hour em et work et work D.m. Me ... , 196.1, that (I) (we) last 21. [certify that (I) (this hospital) attended the deceased from. 22a. SIGNATURE **ATTENDING** SIGNED PHYS DIRECTOR 22c PHYS CAN'S 22d. ADDRESS 23d, LOCATION (City, fown or county) 23a BURIAL, CREMATION, | 235 DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY (Steta) ចិះខ្មុំឱ VR ATS .41 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR | 25b. REGISTRA 15M 7 61 BALTIMORE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



2 12	MAKYLAND STATE DEPAKTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	ARREST MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05676
MEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, if institution, Residence before edm ssion)
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is necessar irector. Pag your files,	b. CITY OR TOWN (if outside corporate limits, write RURA, and give nearest lown) write RURA and give hearest town)
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ed within ma 18. Gi	15. WAS DECEASED EVER IN U.S. ARMED FOREIS? 16. SOCIAL SECURITY NO. 17.1 INFORMANT (Yes, no, or unknown) (Mycrovewarordalasolsalvas) 17-28-6129 Russell Ruley Haunfatead Well
hem kill will bern any	1 18. CAUSE OF DEATH Enter only one case per line for (e), (b), and (c).
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Chief of buy	20c. TIME OF INJURY Month, Day, Year 20d. WJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20t. (City or town) (Siele) Hour a.m. (Siele)
XAT W % he (he (Hour a.m. 5/14 1962 at work of work Hours of the bigg, etc.) Wassepalesh famale Min
iceth to t privi	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
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DEPC ease exe should FUNE its des	220. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)
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MARYLAND STATE DEPARTMENT OF HEALTH



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR 05683 CERTIFICATE OF DEATH	78
should	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased hved, If Institution; Resident a. COUNTY 5. COUNTY 6. COUNTY	ice before admiss on)
	b. CITY OR TOWN (il outside corporate limits, write RURAL and g.ve write RURAL and give nearest town) b. CITY OR TOWN (il outside corporate limits, write RURAL and g.ve	neerest town)
adjes 15	Sykesville 6 mos./12 das Baltimore #2h d street address) d NAME OF HOSPITAL OR INSTITUTION (II not in hospite, g ve street address) d STREET ADDRESS	IS RESIDENCE
2 hour	Springfield State Hospital 20 S. Ellwood Ave. 3. NAME OF BEGERSED Lest SR, 4. DATE Month Dev	YES NO X
	(Type or print) Karl Ludwig SCHARPF DEATH May 19 5. SEX 6 COLOR OR RACELY MARRIED TO NEVER MARRIED TO 8. DATE OF SIRTH 29. AGE (In very 11 UNDER 1 YEAR	19 62 IF UNDER 24 HRS.
	male White WIDOWED DIVORCED 10-30-18-3 Control & Wish Months Days 10- USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHE, ACE (County & Stelle or lorging country) 112 CITIZEN C	Hours Min.
au À de	done during most of working life, even if retired Koester's Dakery Unknown ?	USA
	? Schanpf Donothy?	
Jovail,	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ilyesgive war or dates of service) no none 272-70-6699 Springfield State Hospital Records	
70 70	18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).]	TERVAL BETWEEN NSET AND DEATH
nation,	Conditions, il only, which by (b) Branchapmania, Accurrent	ays
	gever itse to immadiate couse (a), storing the underlying Couse lest. (b) DJE TO A 5: C, V, D.	years
6	PART II. OTHER S GN HICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL D. SEASE CONDIT ON G. VEN IN PART I(+)	19. WAS AUTOPSY PERFORMED? YES NO NO
	200 ACCIDENT WAS UNDERLY NG 200. DESCRIBE HOW INJURY OCCURED, lEnter neture of injury in Port I or Part J of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	_ ,,,,,
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Hour s.m. While Not While st work st work st work st work	(State)
	21. 1 certify that (I) (this hospital) attended the deceased from 11-7-61	
	22a. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. T	22b. DATE SIGNED
1	PHYSICIAN'S NAME (Type) Adnon Sonmez, M.D. 22d. ADDRESS Sykesyille, Maryland	111102 _
<u> </u>	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
00	Burial May 23, 1962 Oak Lawn Cemetery Baltimone, Manyla 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS A Manan 3(111) & Baltimone Cemetery DATE MAY 2 3 '62 Called S. The	
小小	John A. Moran 3000 E. Baltimore St DATE MAY 23'62 Carlon S. The	=

MARYLAND STATE DEPARTMENT OF HEALTH



I EIID CTATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEALTH DEPT	MEDICAL EXAMINER'S CERTIFICATE OF DEATH (10)113
≥8 .€	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission as COCHTY 2. SPATE () b. COUNTY
2 E E E E	b. CITY OR TOWN (four side corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outs de corporate limits, write RURAL and give nearest lown)
S S P S	write RURAL and give neerest lower)
dire dire	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp to), give street eddress) d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE
e Bo to	ON A FARM? YES TO NO DA
Statt	3 NAME OF DECEASED T. First Modile Lost 4. DATE Month Day Year
to the serve the	(Type or print) TACKIE-LEE-SCHOONUVER DEATH VILLY 1962
deat deat	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED S. DATE OF BRITH 9. AGE (In your Time Under 24 Hrs. 11. Annual State of Brith State of British State of Britis
1 2 2 m and a 1	WIDOWED DIVORCED 1 21 1 1 0 0 6 yrs.
s 1, 2 s 1, 2 age l an 72	done during most of working life, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY
3. Pour	13. FATHER'S NAME
Ve P PM PM t wit	Rieland Solvenner Patricia Robinson
FE STAN	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Tyes give we ror dailes of sarvice)
what the state of	Me Michael Schoonover Herefiled IIII
P P P P P P P P P P P P P P P P P P P	18. CAUSE OF DEATH [Enlar only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY:
e exit incil i	IMMEDIATE CAUSE (6) IROWIVING
Id by sering the permission of	729.8 DUETO
shou s O in	Gondillons, if any, which (b) gave rise to immediate cause DUE TO
ate refiner inter	(a), stating the underlying Due 10 (c)
"per "per Xam Usec Ion,	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
is ce	YES NO YES
Sedio	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Part I or Part II of item 18.)
NER of A 3 st urial	
S S S S S S S S S S S S S S S S S S S	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 120 a.m. 129 1962 at work of
the the rior	
AL tifficant to Tro	death resulted from: Natural causes , Accident Suicide , Homicide , Undetermined manner
DIC arde REC	CHIEF MEDICAL EXAMINER
ME STATE	SEGNATURE DATE SEGNED
d be for ERAL	EXAMINER'S DEPUTY MEDICAL EXAMINER [
PPING	NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226 DATE THEREOF [22c NAME OF CEMETERY OR CREMATORY] 22d, LOCATION (City, town, or country) (State)
See Strain	BMOVALISPACIFY 5-22-62 Johnsville 1044 Hedenett & Mil
H	23_EUNERAL DIRECTOR 240. REC'D BY REGISTRAR'S SIGNATURE
VS. A15ME 5M 7/59	Jepton- Thee Hampstead Mill DATEMAY 23 '62 Chilling of trave
4	

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05686 CERTIFICATE OF DEATH 05681
th.	1. PLACE OF DEATH Carroll MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission in the country of
filled in by t Pages I and urs after dea	b. CITY OR TOWN (if outs de corporete limits, write RURAL and give neerest town) Sykesville d NAME OF HOSPITAL OR INSTITUTION (if not in hospiter, give street address) Grand View Home c. CITY OR TOWN (if outs de corporete limits, write RURAL and give neerest town) Reisterstown d. STREET ADDRESS ON A FARA ON A FARA YES NO
mplately papers. in 72 ho	3. NAME OF First Middle Less 4. DATE Month Day Year OF Utype or print)
and cor carbon	5. SEX ,6. COLOR O .ACE 7. MARRIED NEVER MARRIED Oct.13, 1877 Male White WIDOWED TO DIVORCED OCT. 13, 1877 H. Shaffer 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR. Sals birthday) Months Days Hours M.n.
certincar physician a remove any ever	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Retired farmer 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & Stete, or foreign country) Waryland U.S.
ding please	John D.Shaffer Lydia E.Arbaugh
the attenuit. Then	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give were ordeles of service) NO 16. SOCIAL SECURITY NO 17. INFORMANT H. Stewart Shaffer, Reisterstown, Md. 18. CRUSE OF DEATH (Enter only one cause per line for (e), (b), and (c)) 18. CRUSE OF DEATH (Enter only one cause per line for (e), (b), and (c))
N: The law requires or attending physici e has been signed by the burial-transit per burial, cremation, or	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [e] Conditions, if eny, which geve rise to immediate cause (e), steing the underlying cause last. (c) Calvaly- ONSET AND DEATH Consular Consula
PHYSICIAN the hospital chis certificate for use as the prior to b	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS PERFORMED? TO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I of Item 18.) OP CONTRIBUTING CAUSE OF DEATH OP CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH
MDING ined by After t detached	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF NJURY (Home, form, 20l. (City or town) (County) (State) While Not While et work at work.
OR AITED may be reta DIRECTOR 3 should be	21. I certify that (I) (this hospital) attended the deceased from 19,
TAL Gas 4 TUNERAL Stor, page iled with th	22c. PHYSICIAN 5 NAME (Type) M.D. PHYS DI DIRECTOR PHYS 8 May 6 12 22d. ADDRESS Achievelle, Mh
D direction of the second of t	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown or county) (Siefe) REMOVAL (Specify) Burial May 21,1962 Kriders Westminster, Md. 24 FINERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	J.F. Eline & Sons, Reisterstown, Md. 25a. Rec'd by Registrar' 25b. Registrar's Signature Date MAY 2.1 162 Onther S. House



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. OF DEATH L PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN Ill outside comprate limits, write RURAL and give nearest town write RURAL and give nearest fown) d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? YES NO Y 3. NAME OF DECEASED OF (Type or print) DEATH 5. SEX JF UNDER 24 HRS. AGE (In years | IF UNDER I YEAR NEVER MARRIED last birthday) WIDOWED 🔽 DIVORCED 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give wer or dates of service 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: much IMMEDIATE CAUSE (e) DUE TO leveler Cordis Visculor alsene Conditions, if any, which gave rise to immediate cause. DUE TO (e), steting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/41/19. WAS AUTOPSY PERFORMED? NO CERTIFIC 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of njury in Pert I or Pert If of item 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20f (City or fewn) (County) (Steta) fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from. . saw the deceased alive on 22b. DATE ATTENDING MED. STAFF DIRECTOR PHYSICIAN S 22d ADDRESS 23d LOCATION (City, fown or county) σë 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) 15M 7:61 when & throws

DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 05688 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY STATE be filed b. COUNTA MARYLAND b CITY OR TOWN (If outside carporate limits, write c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside carporole limits, write RURAL and give nearest town) RURAL and give nearest tawn) should MINS *እ! ! ወ ለ!* NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? OR INSTITUTION YES NO ARROLL NAME OF First Middle 4 DATE Month Day Yeor Filled DECEASED (Type or print) DEATH 19 SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Haurs VI WIDOWED DIVORCED | 듄 comply 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER 16. SOCIAL SECURITY NO. 17. INFOLMANI ARMED FORCES? 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN <u>a</u> PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) **DUE TO** Conditions, if ony, which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. 6 PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEDR YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home form, 20f. (City or town) Doy, Year 20d, INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Hour a.m. While Not white at work at work p. m. 21 I certify that (I) (this hospital) attended the deceased from, ___, that (I) (we) tast 50 from the causes and an the date stated above. and that death accurred at, saw the deceased alive an 220 SIGNATURE ATTENDING STAFF M.D PHYS STEMAN'S 22d. ADDRESS NAME (Type) 23a, BURIAL CREMATION. CEMETERY-OR CREMATORY 23d. OPATION (City town, or county) (Stote) page 0 25b. REGISTRAR'S SIGNATURE 25a, REC'D BY REGISTRAR Cithur S. Hinese 15M 9/59

AND STATE DEPARTMENT OF HEALTH



6 1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR CTATE	OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
TUK STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05684
MALIN BEPT	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaasad livad, if institution: Residence bafora admission) 3. COUNTY
ESES IVI	CARROLL CO. MARYLAND S. STATEMARYLAND S. COUNTY CARROLL
F G G F F F G G F F F F F F F F F F F F	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
your do	GAMBER, MD. IIVRS AGAMBER, MD.
al di for Boar	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
mer med th.	AT FORDS STORE, GAMBER, MD. FINKSBURG RD "I, MD. YES NO X
an fraint dear	3. NAME OF First Middle Last 4 DATE Month Dey Year DECEASED OF
古る調音	(Type of prin) FRANK JOSEPH STECK DEATH MAY 23 1962
d with	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years (IF UNDER 1 YEAR) IF UNDER 24 HRS 10. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years (IF UNDER 1 YEAR) IF UNDER 24 HRS 10. COLOR OR RACE 7. MARRIED NEVER MARRIED 10. Min.
Four Hours	WIDOWED DIVORCED 7/11/17/7 78 yrs.
1,2 1,2 1,2 1,2 1,2	1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 1Db. KIND OF BUSINESS OR NDUSTRY 11. BIRTH LACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Soges I sim	CARPENTER CONSTRUCTION MISSISSIPPI U.S.A.
T W T T	JUSEPH STECK RALRINA TOMOUN
T S B S E	Dil-Onition
18. 18. 18. 18. 18. 18. 18. 18. 18. 18.	(Yes, no, or unknown) (Ifyasgiva war or dates of sprvice)
tem tem with perr any	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]
xecu in l	PART I, DEATH WAS CAUSED BY
obe in cil	IMMEDIATE CAUSE (8) Myccardlar Lufart Sudden
n n m m m m m m m m m m m m m m m m m m	Conditions, if any, which (b)
Short Same Same	gave rise to immadiata causa
ale indin	(a), stating the underlying DOE TO cause lest.
## # 8 6 ()	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, a) 19, WAS AUTOPSY
ord '	PERFORMED? YES NO
Thi dica cre	20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enternature of Injury In Part or
ER:	
THIN IN I	ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stata) Hour a.m. While Not While factory, street, office bldg., etc.)
MAN WITH	Hour a.m. While Not While lectory, street, office bidg., etc.)
Cate Some Some Source S	21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry and in my opinion
Partie de la company de la com	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
DILL Barrel Bare	CHIEF MEDICAL EXAMINER
Miles the state of	SIGNATURE A SECULES A M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
A Para	EXAMINER'S ACTURED DEPUTY MEDICAL EXAMINER X May 23-1962
E E E E E E E E E E E E E E E E E E E	NAME (Type) Address (Streat, city, fown, or county)
DE SESSE	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stata)
O g 4 E 9	BUICIAL: 5/26/1962 PROVIDENCE CEMETERY GAMBER MD.
VS. A15ME	James A. Sallelle 25 4 E. MAIN ST. MAY 28 '62 Cultury & trans
5M 7/59	WESTMINSTER MUNIE



1	MARYLAND STATE DEPARTMENT OF HEALTH
FOD OTATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05698 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05.685
HEALTH BEP'S	1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, if institutions Residence before admission as COUNTY
	Carroll State Canvell
S SEE	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
o d	Westmington 2 mont Westmineter
ay is did	d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, 9 va streat address, ON A FARM
h. h.	Carroll Co Ben. Hospt. 10 Zureny J. YES NO E
artaire to State	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED
	(Type or print) MARY ELIZABETH STOECKER DEATH MAY 28 1962
S of	5 SEY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
er d	+ emale While WIDOWED & DIVORCED Whole 28 1884 924.
1, 2, 1, 2, 3 and and 27 F. F.	10s. JSUAL OCCUPATION (Give kind of work and of work some state of foreign country) 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
our Ges Pa I ni	must-infe - whitemuster mid U.S.a.
MA3 Page	13. FATHER'S NAME
E E E E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT
	(Yy, Ao, or unkown) ((Ifyas give war or dalas of servica)
em with with any	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]
in Brit I	PART I, DEATH WAS CAUSED BY:
arol and	IMMEDIATE CAUSE (a) Unitro Selaration Partie Variety disease years
Id b Id b ifice rial,	4 d d, / DUE 10
The second secon	Conditions, if any, which (b)
ding ding as a as a	(a), stating the underlying DUETO
iffica Sed in	CB JSB last. [6] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
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wo dica uld I	
Show show	RIMARY OF CONTRIBUTING X
ting buri	
ATM Writing Page Ct	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stata) Hour a.m. D.m. 5 - 1962 at work at work at work at work at work
Cele, Color Prior Prior	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X. and in my opinion
開催の間点	death resulted from: Natural causes X, Accident . Suicide . Homicide . Undetermined manner
DIC e cer rade IREC ager	CHIEF MEDICAL EXAMINER
S D S PE	ACTUAL SIGNATURE CLUICS J. PATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER [] PATE SIGNED
Brait ignate	EXAMPNER'S CO. TO MARCH DEPUTY MEDICAL EXAMINER X
	NAME (Typ) JAM ES Address (Streat, city, town, or county)
DE. Gase should FUNI	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
0 g 4 0 g	Burnal 5/31/62 Westminder Rameling West minder, Mit
VS. A15ME	23. FUNERAL DIRECTOR ADDRESS 246. REGISTRAR'S SIGNATURE 1 '62 Thurst ADDRESS
5M 7/59	x 2 / Myles, p. 1 West Manusler Marie MAT



VR A1S (4) 1SM 9/59

05691

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05686

	PLACE OF DEATH	a. COUNTY			11/	2. USUAL RESIDENCE (Where deceased fived If institution Residence before admission) a. STATE b. COUNTY						
	Carroll			MARYL	AND	Maryla	and	B. COUNT	Mo	ntgor	nery	V
	b CITY OR TOWN (I	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural. — Sykesville 2yr.3mo.6da.				c CITY OR TOWN (IF	outside carpo	orole limils, write	RURAL or	nd give ne	arest town)
						Kensin	gton			15	36	.2.
	d NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, gi	ve street i	oddress)		d. STREET ADDRESS					e, IS RES	DENCE FARM?
		gfield State	е Нов	pital		10515 Mer	edith	Avenue				NO IX
	3 NAME OF DECEASED	Firs		Lasi 4. DATE Month			inth	De	Day Year			
	(Type or print)	Anne		Lurie	()),	STOLZENBACH	DEATH	MAT	AY		,	962
	S SEX	6. COLOR OR RACE	7 MARR	IED NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In years lost birthdoy)	Month	ER 1 YEAR	IF UNDE	R 24 HRS Min.
	Female	White	WIDOWE	DIVORCED		4-28-81		81 yrs		s Duys	riders	min,
	10a USJA, OCCUPATIO	ON (Give kind of work ding life, even if retired)	ane 10b.	KIND OF BUSINESS OR	INDUST	Y 11 BIRTHPLACE (State	ar foreign c	country)	12.0	ITIZEN O	WHATC	OUNTRY?
1	Housewife	ing ine, even il tellica)				Pennsylv	ania			U.S.	1.	
],	13. FATHER'S NAME				*****	14. MOTHER'S MAIDEN	NAME					
	William Fa	airweather				Genevieve	Dens	nore				
	15. WAS DECEASED EVE	R IN U. S. ARMED FORC		SOCIAL SECURITY NO.	17, INF	DRMANT		Ad	dress			
	No No	(ir yes, give war or adies or se	LASCOS 1		Н	spital Reco	rds					
	18. CAUSE OF DEA	TH [Enter only one cou	ise per lir	e for (o), (b), and (c).]							ERVAL BE	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	H€	eart Block							leeks	
	4127.1	ZI 7 7 , I DUE TO										
	Conditions, if ony, which) Arteriosclerotic Cardiovascular Disease Years											
	gove rise to i	gove rise to immediate										
	lying cause last	couse (o), storing the under-										
	Z PART II OTH	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY										
-	l≌ i ————	CBS with Circulatory Disturbance, with psychotic reaction.										
	OR CONTRIBUTING	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)										
			- 20-1 ()	THIRDY OCCUPATED I	On Plac	E OF INHIPY (Many form	1 205 (C.)			16		(Chana)
	20c TIME OF INJUR Hour o. m.	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED White Not white Not write the state of t										
			at worl		-	1 00	60	~ 1		60		
		it #() (this hospital)	attend	ed the deceased f	ram		60 la_	5-4		62 _{, th}		
	saw the deceas	ed alive an7	_4-	19 OZ , and I	that de	ath accurred at 42	5M, fram	the causes a	nd an	the date		
	22a SIGNATURE	3 K v /	1 /1	11		D. PHYS IC D	ED _	STAFF			22t	DATE SIGNED
	20- BIOVELC: AND OF	J, 11 t	17 0	NW W	М		RECTOR -	STAFF PHYS			-	-11-05
	22< PHYSICIAN'S NAME (Type)	Tles Ver	M	n		22d. ADDRESS	770 }	المحمد المحمد				
		Ilse Kam					LLC 9 1	Maryland				
	23a_BURIAL, CREMAT O	N. 236 DATE THEREO	01.	23c NAME OF CEME	TERY OF	REMATORY	23d LOCA	TION (City flows)	or count	1	1(15/2)	F)
	Critic les	25////	166	-nee	0		Mala	dam	4/2	1	1.0	<u> </u>
	24+ FUNERAL DIRECTOR	SHONATURE		ADDRESS 3	70 -		of by regis			SIGNATU		
	() el	unest	17	one ne	Car.	DATE	with 0	04	white	1 8. H	allel.	



VLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before admission) a. COUNTY **b.** COUNTY Carroll MARYLAND Balto. City Maryland b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 by and write RURAL and give nearest town) Sykesville 11 mo. 2dirs. Baltimore 1 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Springfield State Hospital YES NO 1818 N. Charles 3. NAME OF 4. DATE Year Month DECEASED OP (Type or print) DEATH Edith 1962 Irene Trail May 6. COLOR OR RACE TO MAPPIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months I December 20, 1883 WIDOWEDTY remale. White DIVORCED physician 10s. USJAL OCCUPATION IGive kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country 12. CIT ZEN OF WHAT COUNTRY? done during most of working his, even if retired)

HOUSEWIIE U.S.A. Marvland attending pl Then please r 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James H. Collette Emma Irwin 15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give were rdates of service) Nο Springfield Hospital records. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive heart failure Years IMMEDIATE CAUSE (a) DUE TO Severe coronary arteriosclerosis Years Conditions, if any, which pave rise to immediate cause DUE TO (a), steting the underlying Pulmonary edema and early bronchopneumonia PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1 19. WAS AUTOPSY PERFORMED? C.B.S. with senile brain disease with psychotic reaction. YES DO NO 206. ACCIDENT WAS UNDERLYING | | 206. DESCRIBE HOW NIJRY OCCURED. (Enter nature of injury in Part I or Part I of Item 18.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (State) 2Dc. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED . (County) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from. June 23, 161, to May 25, 1962, that (I) (we) last 220 SIGNATURE ATTENDING STAFF PHY5. DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c PHYSIC AN S NAME (Type) Agustin del Campo. MAD Springfield State Hospital, Sykesville, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) OFB Baltimore, Maryland Burial St. Mary's Hampden 258. REC'D BY REGISTRAR | 256. REG STRAR'S S.GNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05693 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I'ved, If institution: Residence before admission) a. COUNTY b. COUNTY Carro11 Carrol1 by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporete limits. c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Rural. Westminster Westminster 2 Davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM Westminster. Md. R. D. 1 Carroll County General Hospital YES NOTE 3. NAME OF DECEASED Tria Louise Utz DEATH May 19 62 (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR! IF UNDER 24 HRS. B DATE OF BIRTH and last birthday] Days Months Female WIDOWED 1 DIVORCED 12/29/1872 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Carroll County . Md. U_S_A_ Retired Housework Own home. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leanna Wisner Josiah Marsh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO.: 17, INFORMANT Address (Yas, no, or unkown) (Ifyes give wer or detes of service) Levi S. Utz. Westminster, Md. R. D. 2 None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if eny, which gava rise to immediate cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 116-11 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I of item 18.) 200 ACCIDENT WAS UNDERLYING I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED (20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 1962 to 3/6 , 1962, that (I) (we) last 1962, and that death occured 31 S.P.M., from the causes and on the date stated above. 22e. SIGNATUR ATTENDING DIRECTOR PHYS M.D. 22d. ADDRESS 22c PHYSICIAN'S ector, 123c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) DATE THEREOF 23e, BURIAL, CREMATION, 23b REMOVAL (Specify) OF St. Marys Cometerv Burial Silver Run, Carroll Co. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS LINERAL DIRECTOR'S SIGNATUR VR A15 (4) Littlestown, Pa. 15M 9/60 DATE MAY 8 arthur & Timer

FUNERAL

RYLAND STATE DEPARTMENT OF HEALTH



301 W. PRESTON STREET, BALTIMORE 1. CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. f. institutions Residence before edmission) a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if autside corporate lim ts, C. LENGTH OF STAY IN 16 OR TOWN (If outs de carporete limits, write RURAL and give n and give nearest lown) d NAME OF HOSPITAL OR INSTITUTION, If not in hosp to, give street address STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 3. NAME OF 4. DATE Month Dey Yee DECEASED OF (Type or print) DEATH 5. SEX COLOR OR RACE 7. MARRIED AGE (in yeeks UNDER 1 YEAR: IF UNDER 24 HRS last buthday DIVORCED [WIDOWED 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUS NESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? country, done duryag most of working life, even if retired) WAS DECEASED EYER N.L.S. ARMED FORCES? 16 SOCIAL SECURITY NO 18. CAUSE OF DEATH [Enter only one cause per line for (e) (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 2 wells MMEDIATE CAUSE (a) DUE TO Exteris sclero tic Heurt Conditions, if env. which geve risa to immediate ceuse DUE TO (e), stelling the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(4) 19, WAS AUTOPSY PERFORMED? NO 20e, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Pert II of tem 18. OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm 20f. (City or town) Month, Day, Yeer (County) (Stele) fectory, street, affice bldg , etc.) Hour a.m. While Not While et work at work 21. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on... 22a. SIGNATURE 22b. DATE I ATTENDING PHY5. 22d. ADDRESS NAME (Type) BORING, CREMATION, | 236 DATE THEREO OF CEMETERY OR CREMATORY (Specify) VR A15 (4) 15M 9/60



T FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS		MARYLAND 05690
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY CATTOLL MARYLAND	2. USUAL RESIDENCE (Where daceased lived, if institution: a. STATE Maryland Baltim	nore City
I director.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give necest town) Sykesville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	c. CITY OR TOWN (If outside corporate limits, write RURAL at Baltimore 18 d. STREET ADDRESS	3 VA • 4
t an the fu. ara the fu. ara in State B death.	Springfield State Hospital 3. NAME OF First Middle Marker Fligsboth (Type or print) Marker Fligsboth	Lest 4. DATE Month OF	ON A FARA YES NO
and 3 to 2 with the ourselfer	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Female White WIDOWED DIVORCED	8. DATE OF BIRTH October 16. 1875 9. Age (in years if UNDER lest birthdey) Months Months	1 YEAR IF UNDER 24 HR. Days Hours Min.
Pages 1, 2, 13. Page 1 and 1 a	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) HOUSEWIFE 13. FATHER'S NAME	RY 11. BIRTHPLACE (State or foreign country) Maryland 14. MOTHER'S MAIDEN NAME	U.S.A.
within 24 18. Give 1 form IIV nit. File pa	John Lennert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., or unkown) (Ilyesgivawarordatesofservice)		
executed cil in Item stong with ensit perr	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumo	Springfield Hospital Records	INTERVAL BETWEEN ONSET AND DEATH 3 days
ate should be rding" in pen nam's Office a es a burial-li or removal, a	gave rise to immediate cause (a), stating the underlying DUETO	rochanteric fracture of right h	ip days
his certific word "per word "per lical Exami	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO. C.B.S. assoc. with cerebral arteriosc.		PERFORMED?
AMINER: writing the Chief Mee Page 3 shot to burial,	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20c. PLJ	ACE OF INJURY (Homa, ferm, 20f. (City or town) (Contory, street, office bldg., alc.)	unty) (Stele)
CAL EX.	21. I certify that I took charge of the remains described above, he	eld an Autopsy Inspection Inquiry Inquiry Inquiry	roll Md. and in my opinion
RAL DIR	EXAMINATION James T. Marsh, M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED 5-22-62
O DEPC A should O FUNE or its des	NAME (Mps) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL 5-24-62 Druid Ridge C		
VS. A15ME 5M 7/59	Wm.Cook, Inc., 1217 St.Paul STreet, Baltim	nore 2 240. REC'D BY REGISTRAR 246. REGISTRAR'S S.	4.4

5 1 5 1 Tale THE REPORT OF THE PARTY OF THE A STATE OF THE PARTY OF THE PAR The state of the s of 20 days and 15 days and he tale plant that I have a star at 5. 5

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13.

15. [Yas

MEDICAL CERTIFICATION

Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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may be Lined by the haspital or attending physician.

SEUNEL: DIRECTOR: After this certificate has been signed by the attending physicion and completely filled page 3 should be detached for use as the Liurial-transit permit. Then please remove corban papers. Pages 1 the State Board of Heolth priar to burial, crematian, ar removal, and in any event, within 72 hours after death. TO FUNE VR A1S (4) 1SM 9/S9

ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death.

COUNTY	roll		MARYL		2. USUAL RESIDENCE (V o. STATE Marv]		b. COUNTY	-			ion)	
CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b				IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
ralSykesville 4y. 5m. 3d.				Tuscarora /0x·2								
OR INSTITUTION	State Hospitol, gir		ddress)		d. STREET ADDRESS				1	e. IS RES ON A YES [FARM?	
IAME OF First Middle					Lost 4. DATE Month				Day Year			
DECEASED Type or print) Grace		908	Mav		Wenner	OF DEATH	5		22		,	
EX			D NEVER MARRIE		DATE OF BIRTH		9. AGE (In years	IF UNDER				
female		WIDOWED	_		7/5/89		72 yrs.	Months	Days	Hours	Min.	
USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)					STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN Virginia					N OF WHAT COUNTRYS		
ATHER'S NAME		1			14. MOTHER'S MAIDEN				_			
George W.	Chick				Barnhou							
	IN U. S. ARMED FORCE	ES? 16. SO	OCIAL SECURITY NO.	17, INF	DRMANT		Add	ress				
no, or unknown] (I	f yes, give wor or dates of ser		nknown	Spri	ingfield Hos	spital	records .	- Syk	esvi	11e.	Md.	
,,,,	TH [Enter only one cou					of a com		-3::	_	RVAL BE		
	H WAS CAUSED BY:	_	cinoma of		ervix				ONS	et and	DEATH	
Conditions, if on gave rise to in cause (a), stating I lying cause lost.	mediate (eral metas		5					onth	18	
PART II. OTH	ER SIGNIFICANT COND	ITIONS CO	INTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PAR	-	9. WAS	AUTOPSY	
Invo	lutional pa	sycho	tic reacti	on						PERFO	RMED?	
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY O	CCURRED.	(Enter noture of injury in	in Port I or Por	rt II of item 1B.)					
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	20d. INI While at work	Not while	20e. PLAC Focto	E OF INJURY (Home, for y, street, office bldg., e	erm, 20f. (City	y or town)	((County)		(Stote	
	(this haspital)	attende				2.57. AM	5/22/				we) las	
saw the decease 720. SIGNATURE	ed alive an2/_	E.G./	19_02, and	that de	ath accurred at 21	UM, fram	the causes ar	on the	e date		b. DATE	
nae	, b. A	ru se	Kunsal	O M	D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. CX			5/2	2/62	
22c. PHYSICIAN'S		/			22d. ADDRESS	Spring	field St	ate H	ospi	tal		
NAME (Type)	Naci N. B	uyuku	nsal, M. D	•		-	ille, Ma		-			
BURIAL, CREMATION FEMOVAL (Specify)	5-24-6	2	23c NAME OF CEME	TERY OR	easant -	- comment	TION (City, town,	or county))	/(Stat	ie)	
ELECTOR'S	signature of	eml	Brunsu	ele s	mos 250. RE	AY 2 4 '	20	STRAR'S SI		RE		
					1 2,1030			Il of	Tours	-		

